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ABSTRACT

After an in-depth study focusing on four major interdependent factors of the Navajo social system (the Origin Myth and the general mythology basic to the religious/medical practices, the economy, political system, and education), Project HOPE agreed, in cooperation with the college, to establish and implement an Associate of Arts nursing program at the Navajo Community College. HOPE also agreed to meet the following objectives over a 4 1/2 year period: provide a curriculum design based on the Navajos' health and education needs; provide a flexible program which would allow the student to complete requirements in 24 to 36 months at his own speed; implement a program which would comply with the Arizona State laws and "Rules and Regulations of the Board of Nursing"; demonstrate that nurse education on the reservation is culturally and economically preferable to education off the reservation; and encourage and assist students to enter higher levels of education in preparation for leadership roles. The college agreed to provide supportive academic courses and necessary developmental studies. In September 1970, 15 students were admitted to the program, including both Navajo and Hopi Indians. The program's experimental phase was concluded in March 1973, as the first five students graduated from the program. Conclusions made at that time provided the basis for continuing curriculum development and program implementation. This paper describes how HOPE's commitment to the Navajo was fulfilled at the college and surveys briefly some factors of the Navajo sociocultural system which affected the program and its faculty and students. (NQ)

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PROJECT HOPE AND NURSING AT NAVAJO COMMUNITY COLLEGE

by

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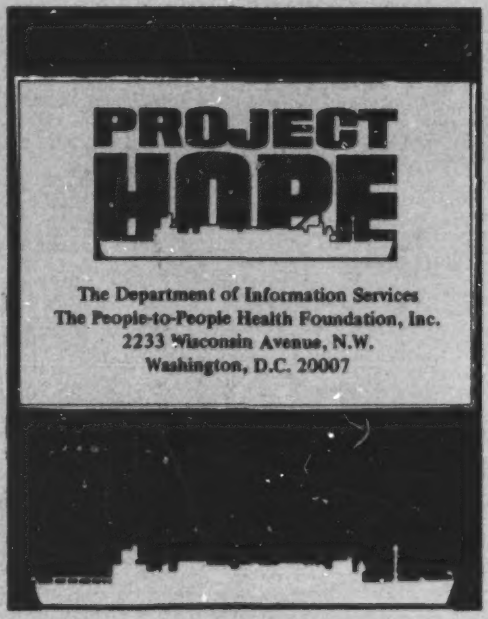

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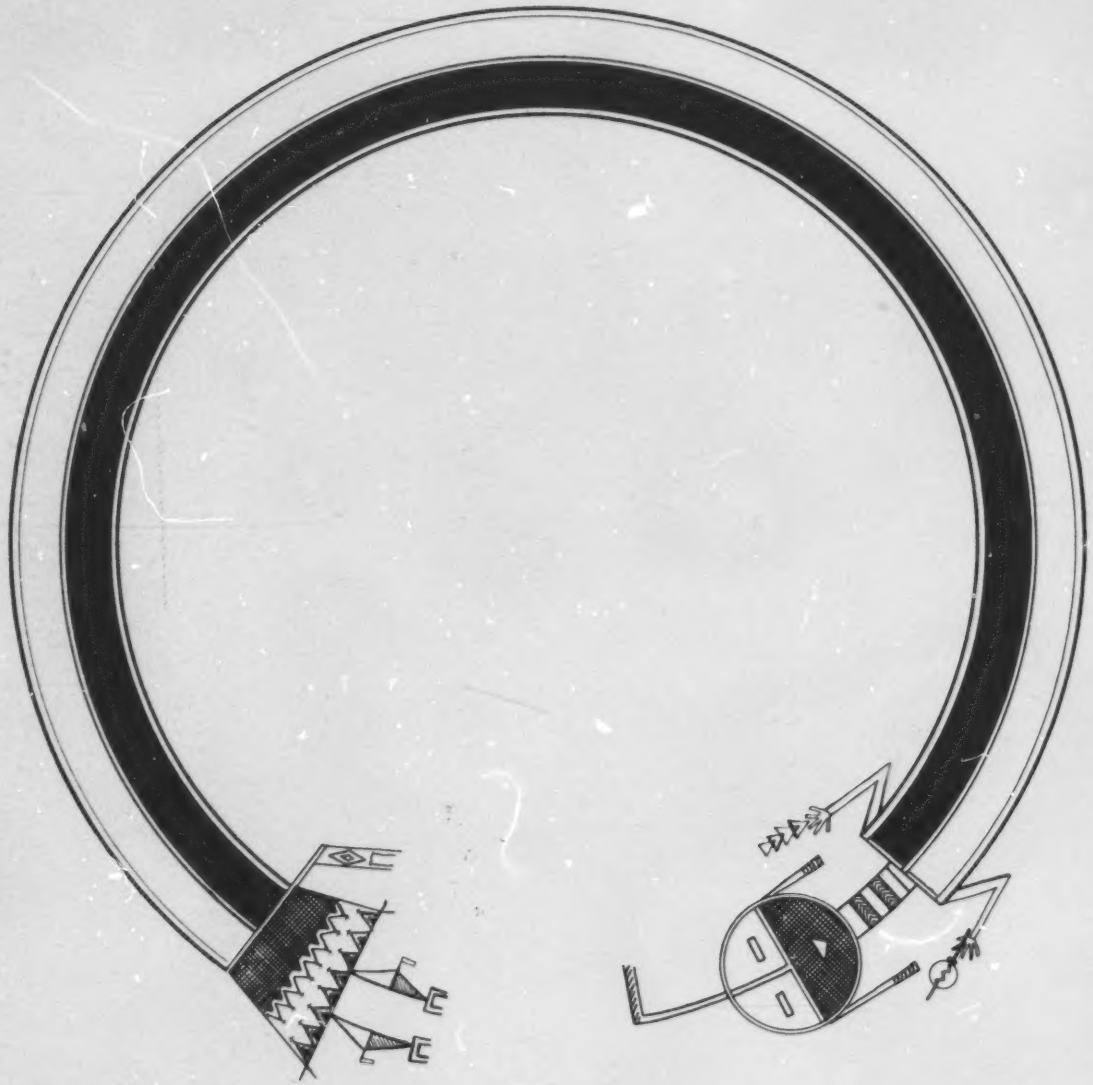

ACKNOWLEDGEMENTS

It is impossible here to acknowledge and to thank all of the many people whose support, interest, and participation in this project greatly influenced its success. However, the author wishes to recognize the following persons for their unstinting efforts and major contributions in planning and implementing the Nursing Program at Navajo Community College.

The late Dr. Ned A. Hatathli, first Navajo President of the College, and Mr. Guy Gorman, Chairman of the College Board of Regents, expressed their concern for the health, education, and expanded career opportunities for the Navajo people through the initial invitation to Project HOPE and remained staunch allies of the faculty and students throughout their tenures of office.

Mrs. Zona Brierley, President, and Ms. Jane Furnas, former Education Consultant of the Arizona State Board of Nursing, gave valuable encouragement and assistance without which the program could not have evolved.

Several non-nursing faculty worked closely with the program staff to establish and to present developmental courses in the general studies area. Predominant among these were Mr. Charles Simmons (English), Mr. James Martin (Mathematics), and Mr. Thomas Hall (Anthropology). In the absence of any appropriate biological science courses, Vincent J. Krabill, Ph.D., of the Project HOPE staff, established all necessary courses and laboratories and taught those courses for two years. Further, he provided the leadership and impetus for development of a viable science department for the entire college.

Mr. Benjamin Barney, Navajo friend, teacher, and counselor, spent many hours over the years working with the Anglo staff to bridge cultural gaps and to offer criticism and suggestions for improvement of curriculum and teaching methods.

Finally, the program depended on the consistent day-to-day work of the creative nursing faculty, especially Mrs. Margaret Isaac (Maternal and Child Nursing), Ms. Susan Strong (Medical-Surgical Nursing), and Mrs. Anne Romond (Mental Health and Psychiatric Nursing) who did yeoman's service in curriculum development, teaching, and student counseling.

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INTRODUCTION

In 1970 Project HOPE (The People-to-People Health Foundation, Inc.) embarked on a program which was unique in U.S. history: to establish and to implement a college-level professional nurse education program where none had ever existed—on an Indian reservation in the United States.*

The rationale for this decision was consistent with HOPE's philosophy as stated by the Foundation's President, Dr. William B. Walsh.

> We felt that many of the lessons that we had learned abroad, primarily our ability to work with the disadvantaged and the undereducated, could be put to use among our own people. . .We concluded that we had an obligation to undertake programs at home which may well serve as a model for others that may be undertaken by either the Federal or state governments or other private institutions (18:12).

The dire health needs of the native Americans living on reservations and the insignificant numbers of Indian health professionals led HOPE ". . .to do something about making up the difference between the appalling level of health of Indians and that of other Americans" (18:8).

In August, 1969, the Board of Regents of the newly chartered Navajo Community College, the first Indian-owned and Indian-operated institution of higher learning in the United States, invited Project HOPE to establish a nurse education program on its reservation campus in Arizona. HOPE earlier in the year had begun a five-year project at the Sage Memorial Hospital in Ganado, Arizona, about 50 miles from the college. The aim of that project was to prepare Navajo personnel to assume control of the health facilities and their services as a community agency (3). The education program at the college was seen as complementary to the Ganado project because it would eventually provide professional nurses who could staff the services there if they so chose.

This paper describes how HOPE's commitment to the Navajo was fulfilled at the college and surveys briefly some factors of the Navajo socio-cultural system which affected the program and its faculty and students.

The author wishes to note that, while a large number of publications about the Navajo is in print, a majority of the information presented here was obtained directly from Navajo friends and colleagues (except as otherwise noted). Therefore, respecting the wishes of these people for anonymity, attributions have not been made.

*This project was sponsored in part by two grants from the Division of Nursing of the National Institutes of Health: D10-NU 00559 and 09D-000404-0 NU D10.

THE SOCIO-CULTURAL MILIEU

As is true in all Project HOPE programs, it was necessary to learn as much as possible about the host people, their culture and social system, and how these factors could potentially influence or affect the nurse education program. This was found to be of crucial importance in the Navajo programs because about 95% of the people are traditional in their daily life styles as regards their person (22). The Navajo traditional life style is non-Western; that is, it is based on their "Creation Myth," on the concept of non-duality or harmony of man and all nature. For students of Eastern philosophy, it can be compared with the basic life principle of some philosophies, e.g., Yin/Yang (2:52). Because of the pervasiveness of this philosophy and the fact that the entire college curriculum was based on it, theoretically at least, the HOPE staff began an immediate and in-depth study among community members and college staff and students to gain as much understanding of the culture and traditions as possible. The staff focused on four major interdependent factors of the social system: the Origin Myth and the general mythology which are basic to the religious/medical practices, the economy, the political system, and education.

The Mythology and Navajo Origin – While there is yet debate among authorities as to the origin of the North American Indians and some Navajo insist that they are aboriginals, most think their ancestors came to the North American continent from Northern China via the Bering Strait several thousand years ago. There are some arguments to be made for the latter idea in terms of the Navajo language content and the spoken inflections and, indeed, in terms of the physical appearance of the people as compared with Orientals both in usual body types and in facial characteristics.*

*The Navajo language is only one dialect of the Athapascan group, which also includes the Apache and other contempory North American Indian languages spoken among natives in Alaska, Canada, and throughout the American West to northern Mexico. The name "Navajo" is thought to be derived from the Spanish word "navaja" knife, and was first found in the writings of a Spanish priest in the 1500's. It has been suggested that the name was given because of the Navajo's skill in using that instrument in hunting and in fighting.

It is interesting to note that the physical origin of the Navajo apparently is not too important to them, because all facets of their lives are based on some form or portion of their mythology which is very complex and contains something for every conceivable occasion. The elaborate medico-religious system and practices are directly derived from the mythology.

The medical practitioners are differentiated according to their skills and functions. The hand trembler or stargazer is the diagnostician and is usually the first person contacted when a break in personal or family harmony occurs. It is his responsibility to determine what is wrong and to decide to which medicine man or woman the client should go for treatment. The hand trembler's unique capabilities are not learned; rather they are a special gift from the gods. After hearing the complaint of the patient, he goes into a "trance" and in this state receives enlightenment regarding disposition of the matter. The title "hand-trembler" refers to his body movements, usually a trembling or jerking of the hands, during the trance.

In comparison, the medicine men and women spend many years in training with another medicine person to gain their skills. Most medicine people are specialists, i.e., they have the training to treat only certain conditions. It has been estimated that a medicine person must spend at least four years in daily study and practice as an apprentice in order to learn the rituals and chants of just one ceremony.

A third classification of practitioner is the herbalist. This person may also be a practicing medicine man, but in most cases he provides the medicines and herbs prescribed by another medicine man or as directly requested from a community member.

The content of the ceremonials–ritual, sandpainting, chants, herbs–indicates whether a specific ceremonial is for blessing, for curing, or for neutralizing witching. Some authorities think many of the ceremonials relate to family problems.

> A strong case could be made out for the view that many of the ceremonials are, at bottom, cures for anti-social [sic] tendencies against close kin, and that their varying symbolism reflects various forms of the mild or serious neuroses produced by family life (5:96).

For contemporary Navajo the choices of medical care have been expanded to include "white man's medicine." For illness or "disruption of harmony"

manifested as physical disease or injury, the client may be seen by both the Navajo medicine person and the Anglo physician on recommendation by the hand trembler. There is evidence, however, that when disruption of harmony does not include obvious physical disease, the medicine person is the therapist of choice.

There are three classifications of the mythological materials on which this system is based and which provide the content of the ceremonials: ". . .the general origin myth, origin myths of the separate ceremonies, and folktales" (9:12).

The Origin Myth details the emergence of the "Holy People" from the first underworld through the second and third worlds and finally into the present-day or fourth world. The chant origin myths explain how a given ceremonial or sing came into being and describe how its many chants and rituals are to be used. Folktales may be used for amusement or for teaching moral values to the children either directly or through allegory. The content of each of these materials may be as variable as the number of persons telling or using them, a problem recognized in the statement regarding recent Navajo publications on the subject:

> Little agreement exists regarding the exact number of the previous worlds or of the events which occurred in each; and there is disagreement as to the colors assigned to those various worlds. Nevertheless, there is basic accord concerning the major events of the Tribe's prehistory; and it is said that the beauty of the stories of the Navajo creation and origin surely equals the beauty contained in Genesis (11:Title Page).

The Origin Myth reflects several factors in contemporary Navajo society: the structure and interrelationships of the clan system; the incest taboos; the avoidance/fear of the dead; respect for all animals and the avoidance/fear of some of them; the basic colors used in ceremonials and sand paintings (black, white, yellow, blue); the attitude that the East is a good influence and the North is a bad influence; the special teaching responsibilities of the elderly and the honor and respect due them; the puberty rites for girls; the use of the "Rainbow Gods" as the tribal symbol (see illustration, page i); the openness and freedom regarding sexual activities; the jealousy and infighting which the Navajo admit are an intimate part of their daily lives; and finally, the designation of the Navajo as "The Chosen People," *Diné*.

While information from the Origin Myth may seem interesting only on the surface, much of its content affected the nurse education program, as shown in the following examples.

The Clan System/Incest Taboos – The first four major clans were designated in the Origin Myth, and the matriarchal system of inheritance and name-giving seems to derive from it. When Navajo meet for the first time, they must establish their possible relationship to each other by exchanging their clan names, because there are specific kinds of behavior allowed, required, or forbidden depending on the clan relationship. Clan relatives are responsible for the well-being of all members of the clan and speak to each other in kinship terms, e.g., aunt, cousin, grandparent. However, males and females of the same extended family may not touch each other or otherwise engage in social behavior which might lead to or be construed as sexual interest. Obviously, on occasion with "traditional" students or health workers, some client care assignments necessarily would be avoided. Should contact occur in emergency situations, a purifying ceremonial would be necessary after the fact. A medicine man was brought into the classroom to explain that this would be a proper procedure and that such a ceremony was available. (Ceremonials needed by students were financially supported in part by a "medical aid" fund maintained by the college.) Extended absence from school or work was anticipated and allowed for in such situations, because the ceremonial could take several days. What is considered absenteeism in Anglo society is considered by Navajo society to be meeting a basic socio-religious obligation.

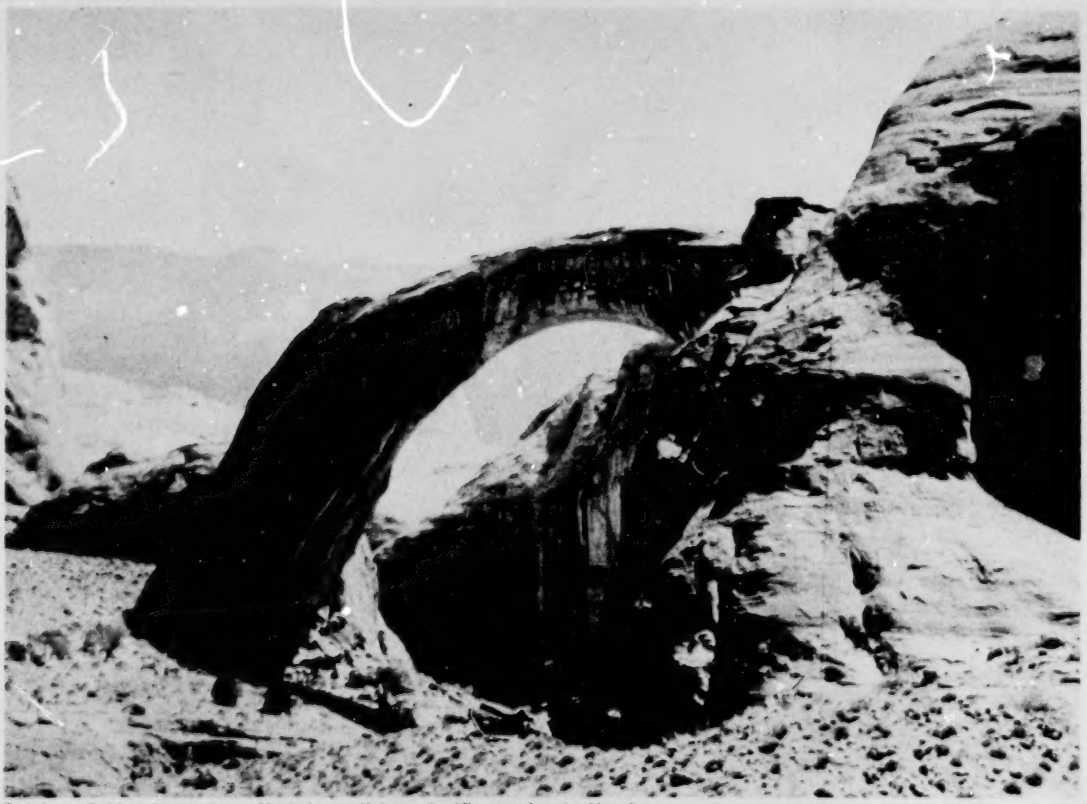
Avoidance/Fear of the Dead – In Navajo tradition there is no concern with life after death except that the dead body may become the home of evil spirits with the potential for much harm to living individuals, particularly if the dead body is touched. This problem for traditional students and health workers may be handled by having a purifying ceremony after professional responsibilities have been completed. When the dead person is a family member, many Navajo will hire someone to prepare the body and effect the burial. It appears that all Navajo, except the most Anglicized* (5%), practice this avoidance pattern. For this reason, in required anatomy classes

*The term "Anglo" is used by the Navajo to designate any non-Indian, no matter what his color. Whites are specifically called "bilaganna."

for the nursing students, plastic models of skeletons, torsos, organs, and other models were carefully provided so students would use them freely in their studies.

Respect for All Animals-Avoidance/Fear of Some – In the Origin Myth, the first "Holy People" were spirits who communicated freely with spirit animals and ascribed special functions or responsibilities to these animals. When the four major clans were named, each was given a particular animal for its own protection and guidance. In addition, the Navajo philosophy of harmony of all living things and of non-duality requires respect for one's "brothers," the animals, and permits one to kill only those needed for food. In anatomy and physiology classes, most students will refuse to dissect some kinds of (or any) animals. In such a situation they may observe while the instructor dissects and explains. Because of this taboo, an elaborate audio-visual program was developed for the sciences to take the place of student dissection and investigation of animal bodies. The few students who do handle animals often have ceremonials for forgiveness and protection after their studies have been completed.

Special Responsibilities for the Elderly – Elderly persons have specific responsibilities for family decision-making and for teaching the young of the extended family. The decision-making function is still very much in evidence, but most of the teaching responsibility has been taken over by the formal education system of the Federal government through the Bureau of Indian Affairs' boarding schools. A majority of students receive their basic education in these schools, often at great distances from their homes, where most of the teachers even today are non-Navajo. From the traditional education pattern of learning from stories told on long winter evenings and from modeling adult activities, students have been thrust into foreign situations where only English is used and where the teaching/learning activities are



Rainbow Bridge in southern Utah has religious significance for the Navajo.

primarily lecture and recitation. Students who arrive at college have lost much of their native curiosity and eagerness to learn new things and have become very passive. Students report that they really do not know who they are: "We have lost our Navajo selves. We are not Anglos and do not want to be." The anxiety engendered under these circumstances always interferes in the learning process and on occasion has caused students to leave school. Bringing older community members and medicine people into nursing classes was one attempt to restore the students' Navajo identity and sense of ethnic security; and at the same time, it was a means of recognizing and reinstating the elderly as the traditional teachers.

THE ECONOMY*

Economic development among the Navajo can be divided into three somewhat overlapping phases. As nomadic people before the coming of the Spanish in the 16th century, they subsisted primarily through raiding other Indians and by hunting and gathering food—essentially a "non-economy" subsistence.

In a second phase prior to and during the period of entry into the Southwest, they learned the skills of weaving, pottery and basket making (see photograph, page 7), house-building, and gardening from the Western Pueblos and Plains Indians among whom they lived for a time. With arrival of the Spanish, who introduced domestic animals, they began to raise sheep, cattle, and horses. In the 1860's they learned silversmithing and jewelry-making from the Spanish at Fort Sumner, New Mexico. At that time they also adapted Spanish-type dress to their own needs and tastes. The "traditional" dress of today—velvet shirts and blouses, long satin skirts, and the large round black felt hat worn by men—all decorated in silver buttons or conchos—originated during the Fort Sumner period. These skills and adopted customs are still to be found among the Navajo (except pottery and basket making).

Until the 1920's it can be said that a money economy did not exist. Rather, goods produced were for self-use or for barter or trade. The third and present system is most accurately described as a "primitive" or "peasant" economy with features of a welfare state, but also with some small beginning toward technologic development.

A "primitive" or "peasant" economy can best be characterized as one which is relatively homogeneous in terms of the few numbers of tasks to be performed, the simple tools used, the practice of reciprocal exchange among similar social units instead of monetary practices, and a value system of the entire society which is reflected in the economic system, not separated from it (6:360–63). Also pervasive is a "leveling" factor which in some way prevents the economically successful from gaining greater power, prestige, and size than other members of the group (6:362).

Sheepherding and cattle raising among the Navajo demonstrate this type of economic system. The simplest "tools" are used, and the tasks can be carried out by an individual "corporate-kin group" (clan). It should be noted also that typically ". . .effort and work are closely fitted to the annual and ceremonial cycle" (6:361).

In order that the status quo of the social system is not destroyed, a "leveling" mechanism is demonstrated by the Navajo. For example, all members of a clan are responsible, as stated earlier, for all other members and must share their income or wealth as requested or needed. Assistance in paying for the ceremonials of any family member becomes a financial obligation for all. Students report that this idea—that no person or family should have more wealth or attain greater prestige, education, or power than another—leads to great jealousy and feuding and provokes a major concern among the religious to guard against being witched by the less-favored.

Features of the welfare state are reflected in the large numbers of welfare disbursements and in the unemployment rate of 60-79% (seasonally variable) in the overall 100,000 population. All social services, health care, and education are without actual dollar cost to the individual Navajo. These are supplied through Federal agencies and funds. There are no corporate taxes per se and indeed, no tax base within the reservation. While Navajo are subject to Federal income taxes, they do not pay state or local income or property taxes.

As described in the *1970 Census*, the 16,288 employed Navajo, (a small percentage of the total population) male and female, 16 years of age and

*Most of the information on the economy was obtained from the late David H. Burger, Instructor in Economics and Consultant to the Tribe for economic development.

above, can be categorized as follows: (These percentage figures were based on raw data in the referenced report [19:176].)

Professional and managerial	12%
Clerical	13%
Sales	2%
Service	16%
Farming	1%
Skilled	22%
Semi-skilled	9%
Unskilled	4%
Traditional (crafts)	14%
Other	7%

The average family is comprised of 5.7 members plus clan kin, and the annual birth rate continues at about 3.8%. The average income per family is $4,608; per individual, $886.00. Thus, 58.2% of all families and 60.2% of all individuals are below the currently defined "poverty level" (19:176).

The Navajo continue to be essentially a rural people. There are no cities or large towns on the reservation because a majority of families continue to raise sheep and cattle, primarily for self-use, or engage in cottage industry such as rug weaving or silversmithing. The few villages which have recently grown in size are the agency headquarters of the Bureau of Indian Affairs or are the locations of major Bureau of Indian Affairs boarding schools. More than half of the population live in traditional housing—the one-room, dirt-floored hogan, a six-or eight-sided structure built of logs. These hogans usually do not have electricity, running water, or sewage systems. The Department of Housing and Urban Development recently began providing low-cost housing units and mobile homes to the Navajo Housing Authority for use as rental units. The location of these units in clusters has led to an increase in the formation of new villages on the reservation. More than half of all households have at least one motor vehicle, which is usually a pick-up truck (19:186).

As indicated earlier, there is a small development into a money economy with beginning interest in technologic training and advancement. When mineral resources were first discovered in the 1920's, the Tribe arranged to lease the land to outside companies for development, receiving some royalties from the raw products removed. The Tribe is now making plans to build and develop such enterprises and to bring in tribally-owned businesses and industry. To do so, however, it must overcome some major problems. Among these are the lack of technologically skilled manpower, the lack of initial capital necessary to initiate new developments, and the almost total lack of an infrastructure necessary to open new areas to residential and industrial use, e.g., communications systems, roads, housing, water, electricity, sewage, banks, schools.

As this planning goes apace at the Tribal government level, the rural population seems less enthusiastic, perhaps anticipating a major change in their value system and traditional social organization. A social scientist has observed:

> The economic frontier in the form of money and new opportunities tends to change the role of corporate kin groups and place more emphasis on smaller conflicts between generations, raises problems about the control of income, and sometimes depopulates the society so that its social structure collapses (6:363).

It should be noted that it has been only in the past two decades that the described "economic frontier" has been approached. The scientist further states:

> Studies of economic change have shown that modifications in economic activities set up a series of pressures and tensions in the society and culture and that there are limited possibilities for their resolution . . .evidence seems to indicate that economic systems are among the most dynamic parts of a society and that economic activity is one of the most pervasive and determinative aspects of social life (6:364).

Even the small move from the peasant and primitive economy to the monetary economy which the Navajo are experiencing has already caused changes in the socio-cultural system. Industry away from the usual "homeplace" is taking the worker out of the family group; and among Navajo, if the wage earner is to be the man, then the traditional place of the woman as family and clan leader will be lost. The adjustments which will be necessary in the traditional system in this instance cannot yet be determined.

There are more vehicles than ever on the reservation, allowing for greater mobility and greater exposure to Anglo goods and services. Exposure in turn generates greater demand for better roads, increased communications systems, Indian-owned schools, and local businesses to provide the new goods wanted.

The value system of the Navajo will eventually determine the goals to be met. At present, a majority of the people are saying that they do not wish to be

acculturated or to enter the "mainstream" of American life. Whatever the problems and attitudes noted here, the Navajo are beginning to move toward a 20th century economy.

POLITICS

As the Navajo migrated from the North into the Southwest, they were primarily a nomadic people, loosely organized into bands with a "headman" as leader of each band. It was not until their mass removal by the Federal government to Fort Sumner, New Mexico, in March, 1864, (the "Long Walk") that they were forced to live together. During these four years of hardship away from their hunting grounds in northwest New Mexico and northern Arizona, several leaders appeared including Barboncito, Manuelito, Delgadito, and others* (17:50).

When the Navajo prevailed through these men in their request to leave the Fort Sumner Reservation, they were granted a 3,500,000-acre reservation covering portions of northern Arizona, southern Utah, and northwest New Mexico. The reservation was to be administered by the Bureau of Indian Affairs, a new branch of the Department of the Interior, through "Indian Agents." It was divided into six agencies. As contacts grew with the ever-increasing numbers of encroaching missionaries, military, and pioneer Whites, the People decided they needed a leader to represent them as a group in negotiating and protecting their rights. Several efforts at organizing a representative Tribal government finally led in July, 1923, to the election of the famous chief, Chee Dodge, as the first tribal chairman (17:87).

*Spanish and English names were given to or adopted by the Navajo for interesting reasons. A person's Navajo name is sacred and may be used only during religious ceremonies. With arrival of White Men, the need arose "to call names" rather than use traditional identity descriptions in referring to an individual or a family. If the Navajo refused to give his name when requested by a White Man, a western name, arbitrarily chosen, was given to him. In the 19th century the Navajo began choosing for themselves some commonly heard western names, to be given to Federal officials or the U.S. Army when identity was demanded. Thus, Navajo with the same last name often had no blood relationship. This action very cleverly protected the real identity of family members and caused great confusion among the Whites as they attempted to count, to regulate, and finally to subjugate the Navajo.

For purposes of Federal administration the Agency divisions remain, but true to fashion, the Navajo adapted the Federal bureaucratic structure to their own needs, including the three divisions of government: the executive Tribal Chairman, the legislative Tribal Council and the judicial Navajo Court System with its judges and counselors.

For purposes of Tribal government, the reservation is divided into 104 Chapters, a Chapter being similar to an unincorporated township. From these Chapters, 74 councilmen and women are elected every four years to sit as the government in the nation's capitol in Window Rock, Arizona. The Tribal Chairman is elected at the same time.

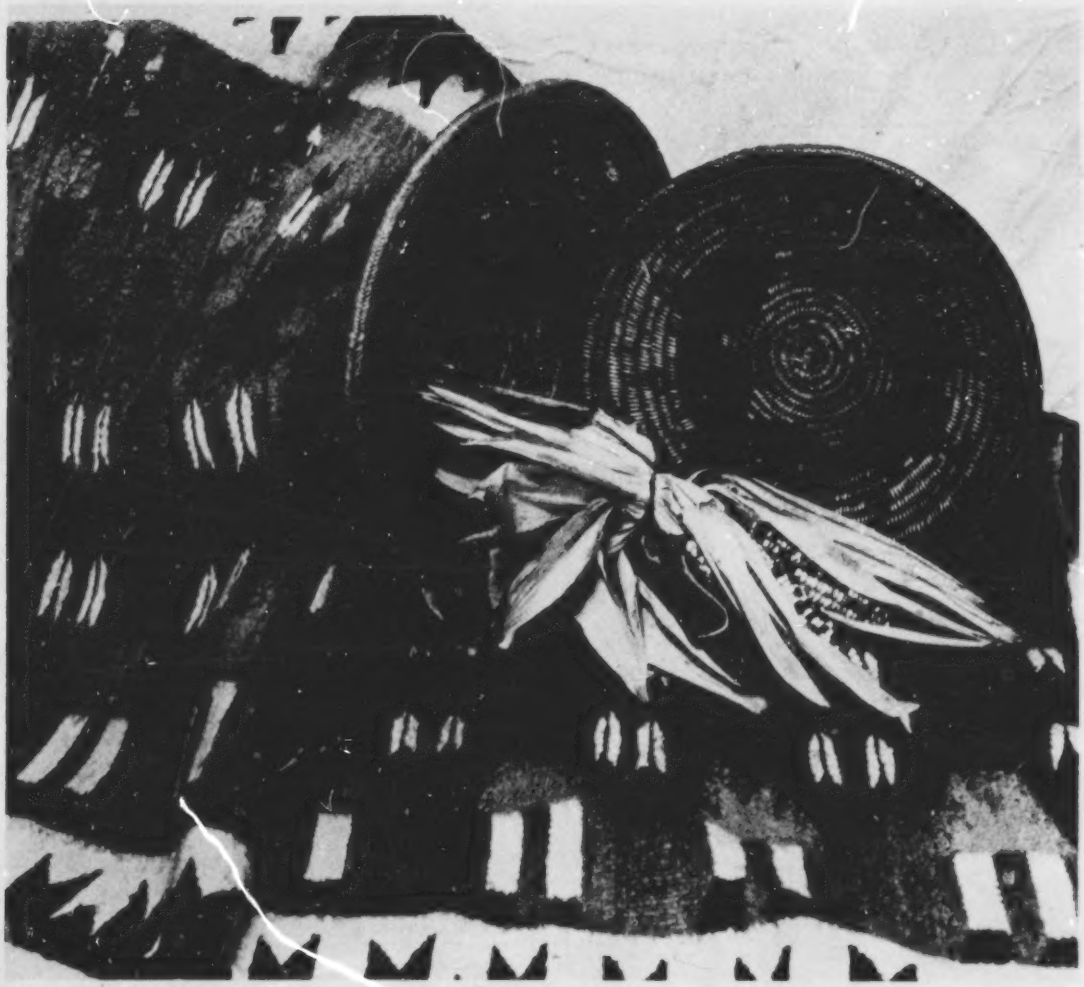
While Navajo have been allowed to vote in Federal elections since 1924 and in state elections only since 1942 (17:115), they had already devised their own unique elections system. There are no formal political parties as such; rather, individual candidates announce themselves. Campaigns are based on issues, but family and religious concerns are of equal importance to political attitudes and promises. Primaries are held in the summer of the election year and nominations are made in each Chapter house by voice or standing vote. Final elections have been made by secret ballot since 1938 (17:114). The system of nominations during the primary does not assure that a person who has declared himself a potential candidate and who has campaigned for months will necessarily be given a place on the ballot. Navajo students, community members, and leaders have stated that the Navajo is the most "political animal" in the world and that political considerations pervade every decision—from the choice of a job or a spouse to what area one will graze his sheep at any given time! This politicization of the People became important to us as we attempted to replace the Anglo nursing faculty with Indians. Several qualified Indian nurses refused to accept or even to consider faculty appointment, making such statements as "I do not wish to return to the reservation or to take a position at the college now because of the politics" (Personal communications).

Once the newly elected government is in office, the Tribal Chairman appoints council members to head each of several council committees: e.g., Education, Economic Development, Housing, and Health. Basic work for all policy decisions is done in these committees, and final implementation of policy is under their supervision.

The judicial branch of the government is uniquely

Navajo. While Navajo must abide by state and federal laws, they have developed a specific Code of Laws for all persons living on the reservation. The Tribe maintains a system of courts, legal aid counselors, and attorneys. While the judges and counselors are Navajo without Western law education, they are experts in the interpretation and adjudication of their own Code. A staff of Western-educated and -licensed attorneys is also maintained. These legal personnel represent the Tribe and individual members of the community in Federal and state cases, as well as locally.

The Tribe has maintained a police force since 1872, although training for these positions is a relatively recent development. The police maintain communications and transportation systems in every agency to handle emergency health problems. In 1974 the tribe instituted a medical emergency training program to prepare teams of personnel for emergency care. A few ambulances have been provided to some agencies and are manned by these personnel. Training for this type of service person may soon be placed in the Navajo Community College along with other health-related assistant-level training programs. These programs, with the nursing program, will form a new college division of Allied Health Sciences.



Ceremonial baskets, corn, and representations of the Yei (gods) are important aspects of the traditional religion in Navajo life.

EDUCATION

In the treaty of 1868 between the United States government and the Navajo, the Federal government agreed to provide a schoolroom and a teacher for every 30 Navajo children. It was not until the early 20th century that the government began to implement this policy. In the meantime missionaries had begun small schools in four areas—schools which still exist. The public school system of the State of Arizona was established on the reservation to provide an education for children of non-Navajo employees, mostly government career personnel, who were not eligible to attend the Federally operated schools.

With the widely scattered population, the Federal day schools were not popularly attended. Then as now, children were required to travel as much as 60 miles by bus to reach their schools. With the establishment of the boarding school system under the Bureau of Indian Affairs, increasing numbers of children attended school. Current figures show 83% of the 5-to-17-year age group is in school and that there are about 1,400 students in various colleges (19:146). The mean number of years of education for the total population is 5.3, and 18.8% of all persons have graduated from high school (19:146). But the boarding school system, while providing an otherwise unavailable education to large numbers, has also contributed in a major way to the current social disorganization among the Navajo. Causative factors readily identified are the loss of the parent/grandparent role as teachers of their own skills, of the family religious and ritual obligations, and of the requirements and taboos of the culture. The students themselves are forced into a totally foreign situation where, until the past decade, they were often punished for speaking their own language, even though most of them (about 95%) speak only Navajo on entering school at five or six years of age. Students have lost the socializing environment and the security of their homes and families. Without the protecting, nurturing, and controlling family group, large numbers of youth find themselves adrift in a socially hostile and military-like existence. Directly related to this situation is an increasing incidence of problem drinking, trauma from fighting, venereal disease, and suicide—all at rates much higher than national rates (data collected by author). Community leaders are very conscious of these social problems and are seeking ways to decrease them. One such effort is the placing of older Navajo teacher aides and live-in dormitory aides (surrogate parents) in all boarding schools.

A tribally dictated move is being made to place control of all reservation schools in the hands of Navajo themselves. Two such schools have been in operation for several years at Rough Rock, Arizona, and Ramah, New Mexico. The teaching methodology in these demonstration schools is unique in that all teaching is done in Navajo for the first two years while the children are becoming accustomed to the classroom situation. In the third year, English is introduced as a second language and is used on a 50/50 basis with Navajo for instruction. Theoretically, by the time the student graduates from 12th grade he will be fluent in both English and Navajo. Decisions to implement this kind of program (and indeed, all policy decisions) are made by the all-Navajo Board of Education whose membership is selected from the local community. Obviously, results from these experiments will not be perceptible in college student performance for another decade or so, but the programs in the two schools have been sufficiently successful to warrant others being instituted in the near future. The Federal government will continue to provide operating and maintenance budgets, reflecting policy initiated in the mid-1960's:

> Self-determination is synonymous with ideas like "risk," "venture capital," "learning mistakes," and "maximum feasible participation." And these concepts . . .were made meaningful for the Indian by direct grants from the Poverty War's Office of Economic Opportunity" (21:1052).

The chartering of the Navajo Community College by the tribe, exactly 100 years after the United States/Navajo Treaty of 1868, was seen as a means of attacking educational problems and learning deficiencies from the other end of the student-age spectrum. As there were no models for an Indian-owned and Indian-operated institution of higher learning on a reservation, the Navajo were eclectic. They chose to borrow the organizational structure of the western college, but implemented a Navajo-based curriculum under the direction of Navajo themselves. Their philosophy as expressed by the first Navajo President, Dr. Ned A. Hatathli, remains the same:

> The Navajo Community College is fundamentally Indian. Its view of education is

> derived from the realities of Indian life. Its courses of instruction open the world of ideas and opportunities to Indians. Most important, the policy direction of guidance for the college is Navajo Indian because the members of the Board of Regents are selected by the Navajo Tribal Government and people (16:Introduction).

The Board of Regents, which meets at least monthly, is the paramount decision-making group for the college and sets all policies.

The board recognizes that the dearth of Navajo educators available will make it necessary to continue to employ Anglo teachers in more than half of the faculty positions for some time to come. But in clarifying the intent of the college with respect to participation by non-Indians in its affairs, the board position was reported:

> The Regents feel it must be understood by all (that) the college is controlled by the Navajo people and what (may) be appropriate elsewhere is not always appropriate here. They stressed they will allow for no misunderstanding in this area. . .In approving prospective employees, the Regents asked two questions: first, if these individuals respect the rights of the Navajo people and the Board of Regents to control N.C.C.; and secondly, if they respect Navajo culture and values in determining the desirability of action or activities involving the college (14:Editorial).

Navajo faculty, students, and community members have worked at length to establish Navajo history and culture (pre-history and mythology) as the basis for the entire curriculum, believing that a student well-grounded in his own heritage can learn more effectively from the "foreign (Anglo) culture." This has led to the requirement that all degree candidates must have passed nine semester hours of courses in the Navajo Studies department. This requirement has made it necessary, in some cases, for students to attend a full semester beyond completion of usual academic degree requirements. As described below, the nursing program began to effect an innovative bicultural approach to this problem, so extra time to meet requirements will not be necessary.

Our early experiences at the college demonstrated that students had a generally poor educational background. Reading levels for more than half were below the fifth grade; almost none had experiences in the sciences or in science laboratories, and skills in mathematics were also found to be low. These deficiencies may account in part for Indian students having historically shown a high drop-out rate in college programs—as high as 98% among the Navajo before the advent of on-reservation education.

The interest in education among the Navajo is pragmatic: if one does not gain an immediately salable skill, the long hours of study are considered a waste of time. This is a contemporary attitude among college students but was described by Leighton and Kluckholn 30 years ago in a study of Navajo children in grade schools:

> Whatever its roots, it seems that this lack of drive in the direction of non-material adjustment, which leads many white people to undertake the professions, may keep Navajo from entering the teaching, administrative, or medical fields in any numbers. . .White people are willing to spend the time required and even to work for years at a low salary in a professional job, because their friends and families admire them for being "intellectual," ask their advice, and in general hold them in high esteem. . .To a large extent these compensations are lacking to a Navajo who achieves higher education, and in fact he is somewhat suspect for having turned to white men's ways. . . (5:172-73).
>
> The children's primary concern is with everyday matters. They are essentially practical and matter-of-fact and are not impressed with abstract goals or intellectual achievement for its own sake (5:177).

Non-Indian teachers coming into a reservation school are frustrated and angered by what appears to them to be irresponsibility or laziness on the part of students. Further, the students are considered non-competitive and refuse to engage in group activities of learning where other members are strangers, i.e., not family. We observed that students will not respond aloud in class, even if they know the answer to a question, for fear of being criticized by their peers for "showing off" or "acting superior."

In order to protect themselves from such criticism, most Navajo will withdraw from active participation. These classroom attitudes may be a result of traditional socialization:

> . . .the Navajo, though decidedly an individualist in some ways, is essentially

group-minded. His whole training and experience predisposes him to work best as a member of a *familiar group* (emphasis added) where authority is diffuse, informal, and shared, and where adequate performance is enforced by the subtle sanctions of "shaming" (5:107).

Needless to say, no non-Navajo teacher will risk using the traditional method of "shaming" publicly to elicit positive classroom behavior. With these factors in mind, we approached the teaching/learning situation with a major focus on individual student learning opportunities.

FEASIBILITY STUDY

A feasibility study was conducted on the reservation in the fall of 1969 and early 1970 by a team of HOPE nurse personnel and the executive secretary and educational consultant of the Arizona State Board of Nursing, the relevant accrediting agency. Some of the findings are described below.

Demography

The estimated 100,000 reservation Navajo were scattered across 25,000 square miles in northern Arizona, New Mexico, and Utah.

The reservation communications system was embryonic, boasting no public transportation, few paved roads, and minimal telephone service.

The morbidity rate of leading notifiable diseases was found to be similar to that of any developing nation (rated per 100,000 population, 1968) (20:56):

	Navajo	Total U.S.
Otitis Media	12,251	NA*
Gastroenteritis	8,951	NA
Strep sore throat	3,965	217
Pneumonia (excluding newborn)	6,205	NA
Influenza	2,300	NA
Gonorrhea	1,215	232
Trachoma	1,722	NA
Syphilis	401	48
Tuberculosis (new active)	131	21

*"NA", not applicable, means that incidence in the total non-Indian U.S. population is statistically insignificant.

Infant mortality rate per 1,000 live births was 38.7 compared to the total United States rate of 22.4 (1967 rates) (20:14). The birth rate per 1,000 population was 40 compared to a United States rate of 17.5 (1968 rates) (20:7).

Since health maintenance and therapy traditionally have been provided by the medicine men and women, there have been few Navajo in the health care professions. Consequently, there are few role models to emulate. The young are not encouraged to enter education programs for health-care careers, partly because school counselors have not provided information from which such a choice could be made and partly because the traditional Navajo culture does not foster such concepts as "nursing." Indeed, there are no specific Navajo words for "nurse" or for "nursing." We observed that about 70% of all professional nurses in the area facilities were non-Indian (90% of the administrative nurse personnel). Fewer than a dozen Navajo were known to be in college nurse education programs, and only one Navajo in a Masters' program was identified.

Western-type health care was being provided on the reservation in six hospitals and one large full-time clinic. Four of the hospitals operated by the Navajo Area Indian Health Service of the Public Health Service were located at Fort Defiance, Shiprock, Tuba City, and Keams Canyon in Arizona. The other two hospitals were privately owned—one, under the direction of Project HOPE at Ganado, Arizona, and the second, directed by a religious group at Monument Valley, Utah. One large full-time clinic was located at Chinle, Arizona, where an extended-care facility and an acute-care facility were planned for the future.

Each of these facilities was visited as a potential clinical laboratory for the education program. Factors evaluated were client census; disease morbidity represented among clients; staffing numbers and patterns of professional nurses and paraprofessional personnel; numbers, kinds, and usage of supportive services; kinds and quality of equipment in use; availability of conference rooms and libraries; availability of outpatient clinic experiences; availability of room and board for students on site; and, perhaps most important, the attitude of the administrative and professional staffs toward use of the facility as a clinical laboratory.

The College

The Navajo Community College was temporarily located at Many Farms, Arizona, in rented offices and classrooms of the Bureau of Indian Affairs boarding school as well as in some offices in six mobile trailer units. The nursing program would require additional new personnel housing and teaching facilities at this site until the college moved to its permanent campus, some 40 miles away, at some future date.

The library contained no references in the basic sciences or in nursing per se. A 12-carrel learning center, located in the first floor of the one rented coed dorm, contained no software appropriate for potential nursing students, although it did have a beginning potential for utilization in terms of equipment and personnel.

Given the reported educational deficits of our expected student population, we were concerned to discover a dearth of developmental studies in math, English skills, and the sciences. There were also no course offerings in necessary basic sciences such as anatomy, physiology, chemistry, or microbiology.

Of the 350 students then enrolled, 332 (95%) were Indian. Of these 332 students, 298 (90% of the Indian enrollment) were Navajo. The remaining 18 students were non-Indian. Approximately 90% of the students lived in the dormitory, while the remainder commuted from nearby Chinle, Arizona. All Indian students were receiving some form of financial assis-

Navajo Medicine Man Charlie Benally conducts the dedication ceremonies for the new Navajo Community College campus at Tsaile, Arizona, on April 13, 1971. Looking on are former Rep. Wayne Aspinall (R., Colorado), Navajo Tribal Chairman Peter McDonald, and Vice Chairman Wilson Skeet.

tance. In most cases room, board, tuition, fees, and a stipend were provided by Federal, tribal, and private sources in the form of grants-in-aid, scholarships, loans, the G.I. Bill, and work-study programs.

Recreational facilities were lacking, and programs consisted of movies once a week, an occasional dorm dance, and intramural basketball. An occasional shopping trip by college bus was made to Gallup (120 miles away) or Farmington, New Mexico (135 miles away).

The college organizational structure was discussed in terms of the relationship of the nursing program to the overall structure. (See Organizational Chart, Appendix A.)

With consensus among representatives of the college, the Arizona State Board of Nursing, and Project HOPE, the following schedule of preliminary activities was made:

- March, 1970–Joint appointment, HOPE/NCC, of Program Coordinator
- June, 1970–Presentation of curriculum plan to Board of Nursing and appointment of additional faculty
- August, 1970–Admission of first class of students

HOPE's philosophy and the mutual commitment of HOPE and the college to the program were discussed as a basis for a potential contractual agreement between the two organizations. HOPE's position has best been described in a recent publication:

> It is the firm conviction of Project HOPE that a state of positive health in the citizens of a given nation or community is vital not only to the individual, but to the socio-economic development of the nation or community itself. The people of a country are its greatest resource. Protecting and improving their health will help them to realize their potentialities and ultimately raise their standard of living. No country or community can be stronger than the health and vigor of its people.
>
> Project HOPE is dedicated to the improvement of health care systems and the training of professional and auxiliary personnel necessary for the proper functioning of those systems within the framework of the host area's culture and facilities.
>
> HOPE's goal is to have host personnel, by themselves, continue the programs and realize positive changes which were cooperatively planned and initiated (7:2).

HOPE's philosophy–that positive health in the citizenry through improvement of health care systems and increased well-prepared professional manpower–is congruent with the commitment of the college to identify and meet the needs of the community (reservation) and provide new categories of employment for its constituents. Better health care and more jobs had been identified as major community needs.

HOPE's Commitment

HOPE agreed that, in cooperation with Navajo Community College, it would establish and implement an Associate of Arts nursing program at the college and would, over a period of four and one-half years (March 1, 1970 – August 31, 1974), meet the following objectives:

- Provide a curriculum design based on the health and education needs of the Navajo
- Provide a flexible program which would allow the student to complete requirements in 24 to 36 months at his own speed
- Implement a program which would comply with the Arizona State laws and *Rules and Regulations of the Board of Nursing*
- Demonstrate that nurse education on the reservation is culturally and economically preferable to education off the reservation
- Encourage and assist students to enter higher levels of education in preparation for leadership roles

The college agreed to provide supportive academic courses and necessary developmental studies and to assist HOPE actively in recruiting qualified Indian nurses to replace HOPE's personnel in all positions in the nursing program.

PLANNING PHASE

Rules and Regulations of the Arizona State Board of Nursing require that the program coordinator be on-site at least six months in advance of admission of

the first students. The HOPE coordinator arrived in late February, 1970, and immediately began to meet with various college and community members to learn their attitudes and ideas about the proposed program. In addition, the coordinator attended classes already in progress at the college to gain some insight into learning patterns and potential learning problems of the Navajo students.

On the basis of evaluation of these experiences and in the absence of any prototype for the program, it was decided that an appropriate nursing curriculum could be arrived at only in a research approach. *A Proposal for Curriculum Development* was presented to the Board of Nursing in June and received approval and provisional accreditation. Included in the proposal was a detailed description of the theoretical basis and conceptual framework for the curriculum. (See *Proposal*, Appendix B.) The first students were scheduled for admission in the fall of 1970.

Interim activities included preparation of faculty position descriptions (see Appendix C), faculty evaluation forms (see Appendix D), and the active recruitment and appointment of nurse instructors prepared at the Master's degree level.

Clinical facilities were selected on the basis of the previous feasibility study and with approval of the State Board of Nursing. These included, initially, a 125-bed general hospital of the USPHS Indian Health Service at Fort Defiance, Arizona, and the 45-bed general hospital under HOPE's supervision at Ganado, Arizona. Clinics and other outreach programs of these two hospitals also were included as possible learning situations. Final contractual agreements between the college and those affiliated institutions were completed in August (see sample contracts, Appendix E).

An arrangement made between the nursing program and the Registered Nurse staff at the Ganado hospital allowed each HOPE R.N. on the staff to work as a counterpart to one or more nursing students from the college. Not only would such a counterpart relationship provide tutorial opportunities in clinical nursing for the students, but role modeling by the professional staff was thought to encourage the students in their studies and to demonstrate to them their potential as future professionals who would be prepared to replace the Anglos in providing care to their own people.

This arrangement was implemented throughout

HOPE Nurse Claire Renehan gives instruction in sterile operating room techniques to two nursing students at Sage Memorial Hospital on the Navajo Reservation.

the regular semesters in clinical nursing at Ganado and was elaborated during the summer into an "internship" program in which the student, working with her counterpart, spent 11 weeks of 40 hours each in clinical nursing. Objectives were established by the college nursing faculty, and evaluation methods were devised by the R.N. counterparts, the students, and the faculty in group participation. Project HOPE provided room and board for these students at the Ganado facility and gave them a small stipend for daily living expenses. This experience proved to be of great value to the students, as their clinical skills developed rapidly and their intimate knowledge of health problems of their people became a daily concern.

Facilities and Equipment Provided through HOPE

Through a generous grant from the Kresge Foundation, one faculty housing unit and a classroom/office building were provided. The latter, a 24-by-64 foot modular building, was designed by the program coordinator to meet the specific needs for a classroom/library study center, four faculty offices, a secretarial-receptionist office, and two toilets. This unit was on-site and operational in the fall of 1970.

HOPE later provided two more mobile housing units and a second classroom/office building. This facility included a conference room, a large audio-visual center, two offices, and a toilet. The audio-visual center contained nine individual fully-equipped carrels for private study and use of recorders and film/cassette projectors. The building also contained a small "patient-care unit" with all necessary equipment and supplies for student laboratory practice and teacher demonstration. A video-tape monitor, classroom projectors (16mm, 8mm, 35mm), and several plastic torso and organ models were provided for use by students at their own leisure as well as for scheduled classroom activities.

Furnishings for all class and conference rooms were chosen to foster the informal, small-group interaction approach of the nursing faculty, i.e., round and rectangular tables with chairs were used instead of typical desks.

A basic library of several hundred books was established in the teaching facilities to allow students access to nursing resources—teachers, books, audio-visuals—in the same place at the same time. A selection of professional journals was included, and a final total of 350 audio-visual titles was made available.

A Hopi nursing student, Betty Ovah, and a young Navajo patient are greeted by the author, Ms. Daniel, in an international language.

Choice of resource materials was based on information from the nursing faculty, from other associate degree programs, from the Navajo studies faculty (bicultural resources), and from "Recommended Books and Journals for a Core Nursing Library" as presented in the *American Journal of Nursing* (12).

In view of the lack of public transportation and student vehicles and the great distances from the campus to clinical facilities, HOPE provided three nine-passenger vehicles for use in the program.

HOPE PERSONNEL

Over the four and one-half years of operation, Project HOPE assisted the college in appointing seven faculty members with Master's degrees in nursing, one Ph.D. science professor, and a secretary. The science professor, brought in during the second year, created the necessary courses and laboratories for anatomy, physiology, and microbiology required for the nursing students.

HOPE also provided consultants for evaluation and curriculum development, for funding for scholarships, for student and faculty workshops, and for short-term courses and seminars.

IMPLEMENTATION–RESEARCH PHASE

In September, 1970, 15 students were admitted to the program, including both Navajo and Hopi Indians. Initially, class meetings (Inquiry Circle) were held three times a week for two hours each and were attended by all students and the team of five teachers representing nursing, biology, psychology, and anthropology. At least once a week a psychiatrist from the Indian Health Service participated in the inquiry meetings as a team member. Clinical orientation and activities began immediately. In addition, each student met weekly in a one-to-one tutorial session with a nursing instructor. Meetings were from one to five hours, depending on current need.

A Navajo mother watches her child on the Reservation in Arizona.

As indicated in the *Curriculum Proposal,* all meetings between students and faculty, whether individual or group, were recorded as they occurred and were abstracted in the form of "Content Identification Sheets" (Samples: Individual and group recordings, Appendix F). The team teachers, frequently joined by the Dean of Instruction, met once a week to review and evaluate curriculum content indentified during that week and to plan further student activities. With the ultimate objective that students would be able to plan and implement safe and effective patient care, the faculty attempted to demonstrate to the students that the problem-solving approach, patient-care planning, and the teaching/learning process are similar and parallel (Appendix G). The student learning objectives, organized on this theoretical basis, gave further impetus to this teaching/learning methodology.

In order to implement the bicultural approach to the teaching/learning process and to nursing content, a number of medicine men and women and older persons in the community were interviewed, and several were invited to attend classes, depending on their specialties. One highly successful example of this community participation occurred early in the first semester of classes when an elderly woman, speaking only Navajo, came into the group and for two hours told stories and discussed the traditional views and practices surrounding child-bearing, the female puberty rite *(kinaldaa),* and newborn and postpartum care. Since not all students and faculty could understand Navajo, the session was tape-recorded and later translated in writing into English. During the session the bilingual program secretary provided an English version of the proceedings in a running commentary. Information gained from this meeting served to help students and faculty to understand better the attitudes and practices of Navajo women and their men during pregnancy, at delivery, and in the follow-up periods which are critical for both mother and newborn, since most of this care is presently given by Western-trained health personnel and most babies today are born in a hospital. Certain information became integrated into the formal curriculum, and similar sessions were held every time courses in maternal and child health were held.

Other such sessions helped both students and faculty learn how best to interview Navajo for the specific information wanted or needed related to their health situation. For example, Navajo do not say, "I am sick" or complain of pain or dysfunction in any specific body area. Rather, they say, in effect, "something in my body does not feel well," or "I think something is not quite the way it used to be," or, even in the severest illnesses they may simply say, "I feel homesick" or "I feel rundown." These terms are used whether the person is talking with a medicine person (hand-trembler/diagnostician) or with a Western-trained health worker. They obviously reflect Navajo belief that to be in harmony—things/nature/man—is to be healthy; and that to be out of harmony is to be ill. The above phrases are usually specific to physical ailments while emotional and psychological distress, without obvious physical manifestation, is described as "I'm all right, but sometimes reality goes away from me."

Only after a hand-trembler has been consulted does one consider the exact cause for loss of harmony. The reasons may be the result of a specific act or thought of the "patient" or may be the result of "witching." The concern with witching is major in a large proportion of the population, and, indeed, it is a basic premise for the rituals of the Native American Church (peyote users). It should be obvious that the ultimate goal of the traditional practitioner and the Western health workers is the same: Westerners talk about "homeostasis" while the Navajo say "harmony." To be able to discuss with a Navajo patient his condition and what is happening to him in terms of rituals used by the medicine man is the best approach to secure cooperation and understanding from him and his family, and so to effect the appropriate plan of treatment.

Another factor learned from community participants relates to the patient's success or failure in following through on a treatment plan. As in many cultures where the so-called "germ theory" is nonexistent and where typical Western concern with "time" and "schedules" is totally foreign, the Navajo must understand exactly what is expected in his own terms. For example, one might say when explaining the need to take antibiotic capsules four times a day for seven days: "There is a little thing here in your leg that you cannot see. It is what is causing the pain, the redness, and the swelling. That's why you cannot walk very well. This capsule has strong medicine that will kill that little thing if you take enough of it slowly every day from now until the next new moon. You must take four of these every day. Take one when you get up in the morning, take one when the sun is there (pointing at a 10:00 a.m. sun position), take one when the sun is there (at 2:00 p.m. sun

position), and one just before you go to bed." It is a well documented fact that if the explanation is not given in this way, the patient may gulp all the capsules at once, thinking that if the medicine is strong and good he will get better faster if he takes it all at once.

Another frequent reason for failing to follow instructions is the belief that once the worst symptoms are gone, all is well. Understanding of the need to continue ritual activities for days or weeks, as found in traditional medicine, again can help in explanation to the patient. In recent years the increasing referral system between Navajo medical practitioners and Western physicians has greatly stimulated the use of Western health facilities by the Navajo and has led to increased success in treatment among all clients. Incorporating information from traditional practitioners into the nursing curriculum has been essential and timely.

CONCLUSIONS FROM THE EXPERIMENTAL PHASE

The experimental phase of the program was concluded in March, 1973, as the first five students graduated from the program. Conclusions made at that time provided the basis for continuing curriculum development and program implementation. They were as follows: (2:55)

1. Students do not conceptualize or intellectualize analytically and logically as do Westerners, therefore the curriculum must emphasize both the process and the content of nursing and related sciences to be effective.
2. For success in the program students must be provided with adequate developmental courses in English language skills, mathematics, and the sciences prior to matriculation as full-time students in nursing.
3. The low student/faculty ratio (7:1) must be maintained at least in the early semesters of work to allow concentrated tutorial work.
4. Student self-pacing and unlimited time for program completion are mandatory.*
5. Detailed learning modules based on behaviorally stated objectives were found to be effective and should be continued.
6. The bicultural approach with involvement of such community members as medicine men, older traditional people, and successful professional health personnel should be continued.
7. The knowledge and experiences gained in this program should be available to other nursing programs which may be established in similar non-Western cultures.**

*The first five graduates had required five regular semesters, two clinical summer sessions of six weeks each, and an internship of 11 weeks on a 1:1 counterpart basis with HOPE's Registered Nurse staff at the Ganado Hospital. Students had, then, 600 hours in theory, 1,560 hours in clinical practicum, and an average of 99 hours in 1:1 tutorial sessions in the nursing curriculum in order to meet all learning objectives.

**An effort toward this goal had already been made, as the Program Coordinator had been participating as an official consultant with nurse educators and administrators at the Oglala and Rose Bud Sioux Indian Education Centers to establish an Associate of Arts Nurse Education Program. That program did admit its first students in the fall of 1973.

CONSOLIDATION PHASE

During the last year and a half of our involvement at Navajo Community College, the HOPE staff worked to stabilize the program and to assist the college in gradual assumption of all responsibilities.

Working through the college committee system, the nurse faculty made major contributions in defining academic standards and in effecting overall curriculum changes, especially in the area of developmental studies as described above.

A concerted effort was made to formalize and to publish a highly detailed modular curriculum in nursing which would allow each student to work at his own best pace in meeting the learning objectives. As shown in module samples (Appendix H), the ideal was to list the cognitive and psychomotor competencies (in behavioral terms) which the student must demonstrate on completion of each module. Detailed learning resources and activities related to each competency were included in the modules, e.g., to view a film, read a reference, and interview someone. Specific evaluation methods were explained to the students before they began each learning module.

A nursing student at Sage Memorial Hospital in Arizona and HOPE Nurse Instructor Susan Strong confer about a patient.

These methods included objective tests, the quality and content of written and oral reports, and for each clinical experience a "Clinical Evaluation" form (Appendix I). The latter form, developed specifically for these college students, reflects the educational philosophy of the nursing faculty and at the same time incorporates practice objectives for nurses as stated in the American Nurses' Association *Standards of Practice* (13).

The rating scale for each clinical objective was based on a commonly used technique of points one through five where each point reflects whether the student met the objective "almost always (5)," "usually (4)," "occasionally (3)," "rarely (2)," or "never (1)" (10:319).

After each clinical experience, the instructor rated each student under her supervision, making comments of special qualities noted. Each student also rated his performance on the same form. These weekly evaluative activities provided the basis for faculty/student discussions toward establishing new learning/performance priorities in both theory and practicum. In addition, a cumulative record was available for mid-term or final formal evaluation. On completing any block of learning experiences, students were expected to receive ratings of four or five on all objectives before advancing to the next learning module.

However, not all evaluation was directed toward student performance. Students were given the opportunity to evaluate the instructors anonymously (Appendix J). Data collected were tabulated by the Director of Research, reflecting student opinion about an individual instructor on each of several evaluative statements. Tabulated results were then given to the pertinent instructor, to his immediate supervisor, and to the Dean of Instruction. The power of student participation through this means was apparent because these evaluations were used in considering faculty for reappointment, for dropping or adding courses to the college, and, obviously, for faculty counseling.

Concurrent with publication of the formalized curriculum and formal evaluation materials, final program and course descriptions and requirements for nursing were added to the college catalogue (Appendix K). Since the nursing program was the only college program required to meet outside (State Board) standards, it had taken almost three years to convince college administration that the requirements

made by nursing for its students were absolutely essential.

Another major effort of the HOPE staff in the last year was to provide an off-campus registered nurse education program for working Licensed Practical Nurses (L.P.N.'s) at the Fort Defiance Hospital. This program aimed to assist in providing opportunity for upward mobility of health workers who could not otherwise advance educationally and to increase the numbers of better-prepared health manpower among the Navajo. The program was approved by the College Board of Regents in May, 1974, and by the Arizona State Board of Nursing in July, 1974, to be implemented as soon as sufficient faculty was available (Appendix L).

Also during their final summer among the Navajo, the HOPE nursing faculty joined the Navajo Health Authority's* Education Committee in sponsoring a two-day working conference on Indian nursing education (June 21-22, 1974). This was the first time in history that Indian nurses had found the opportunity to meet in a group with representatives of nursing services administrations, collegiate deans and counselors, representatives of the Division of Nursing of the National Institutes of Health, and consultants of Boards of Nursing in the Four Corners area i.e., Colorado, Utah, New Mexico, and Arizona. (See "Participants," Appendix M.)

After one day of "presentation of problems" by the Indians, a second day was spent as small groups met and made recommendations regarding:

- Implementation of upward mobility through the education system
- Recruitment and retention of larger numbers of Indians in nursing education programs (including acquisition of monetary support for programs and students)
- Provision of continuing education programs on the reservation for professional personnel

These recommendations were directed to appropriate persons and organizations for implementation through publication of "Proceedings of the First Indian Nursing Education Conference." Success was such that a similar conference is planned as an annual event.

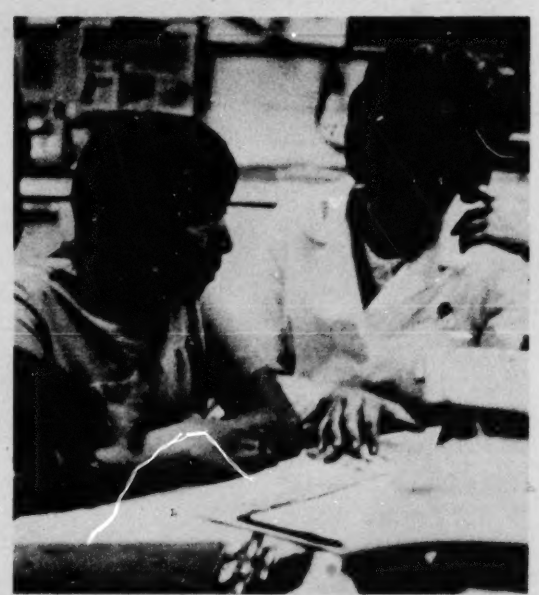
*The Navajo Health Authority is a newly established organization chartered by the Tribe to plan and to oversee the development of all health sciences education programs for the Navajo, including the future "Indian Medical School."

In order to assure uninterrupted continuation of the overall nursing program by the college on the termination of HOPE's contract, Project HOPE transferred to the college title to all facilities, housing, equipment, and vehicles and assisted in obtaining a grant from the Division of Nursing of the National Institutes of Health. The grant, effective 1973-1976, was made specifically to increase recruitment, enrollment, and retention of Indian women and men in the nursing program.

Further stability and community involvement were assured through establishing a revised and formally structured advisory committee of Indian professionals from each area of the reservation. Objectives of the committee were to assist in student recruitment and to help evaluate and revise the nursing curriculum.

This group met at the college at least once monthly with the Nursing Coordinator, the Director of Community Services, and the Academic Dean.

Among the several positive results deriving from participation of these influential leaders was approval from the College Board of Regents to grant nine semester hours of credit in "Navajo Studies" within the nursing curriculum rather than as separate courses. This decision was based on the board's recog-



The author, Ms. Daniel, is shown in clinical conference with a Navajo Community College nursing student at Sage Memorial Hospital.

nition that the nursing curriculum from its inception had been bicultural and had integrated Navajo medico-religious and cultural concepts into the daily teaching/learning situation.

The president of the college, in full support of this action, stated that this integrated approach was congruent with his ideas of bicultural education and that the nursing curriculum could be used as a model for other college programs.

This particular accomplishment, finally realized in the spring of 1974, was seen as a major breakthrough by nursing faculty and students because students would no longer be faced with an additional semester's work in order to complete their degree requirements.

SUMMARY

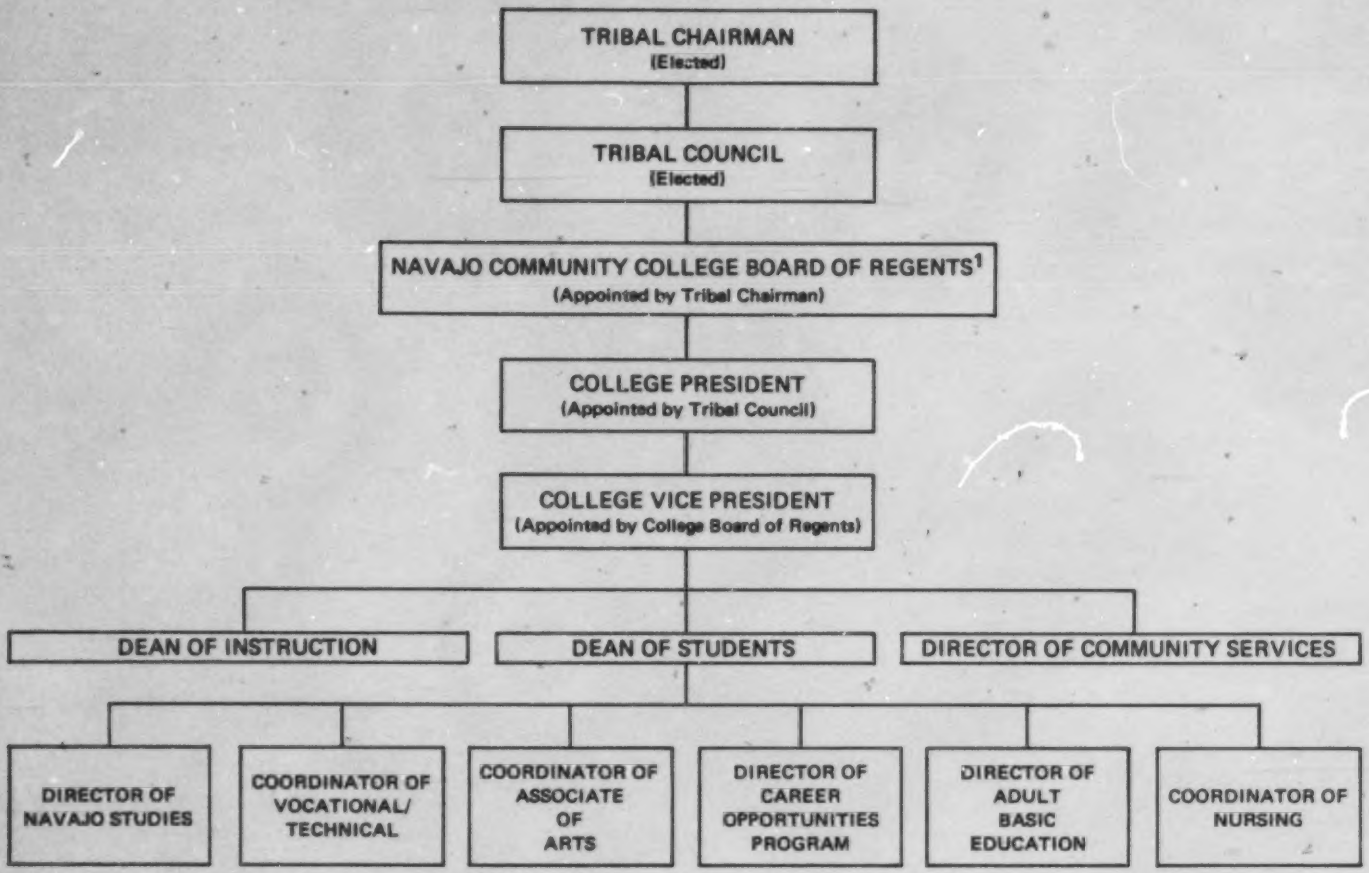
At the request of the Navajo Community College Board of Regents and with approval of the Arizona State Board of Nursing, Project HOPE successfully established and implemented an Associate of Arts Nursing Program at Navajo Community College on the Navajo Reservation, Arizona (1970-1974). The program was accredited by the Arizona Board of Nursing.

The Navajo Community College assumed full responsibility for the program on completion of HOPE's contract on August 31, 1974.

Students and faculty members from the nursing program at the Navajo Community College gather for a picnic in the White Mountains in Arizona.

APPENDIX

NAVAJO COMMUNITY COLLEGE ORGANIZATIONAL STRUCTURE



1. The Board of Regents always includes in its ten members the Tribal Chairman, Chairman of the Council's Education Committee, and President of the College Student Government.

APPENDIX B

PROPOSAL FOR CURRICULUM DEVELOPMENT IN THE ASSOCIATE OF ARTS NURSING PROGRAM AT NAVAJO COMMUNITY COLLEGE

Navajo Community College is chartered by the Navajo Tribal Council and is governed by a Navajo Board of Regents. It is dedicated to providing educational opportunities for any Navajo over 18 years of age who wants to pursue some study. Of necessity, NCC must develop an experimental and innovative curriculum. A vast majority of our students speak, read, and understand English as a second language, and most of them are the products of very poor educational programs. NCC, then, must provide learning activities which will help students to overcome both of these deficiencies, while at the same time will help them to gain the knowledge, develop the skills, insights, and attitudes necessary to qualify them to write the licensing examination to practice as registered technical nurses. In view of this overall goal of NCC and its nursing program and based on information provided in this application, including the stated terminal behaviors expected of nursing students, the following formal research design for curriculum development is proposed for consideration and discussion by the Arizona State Board of Nursing.

Statement of Research Problem

Students, nursing, and non-nursing faculties participating together in the Associate of Arts Nursing Program of NCC will identify subject content and organize sequence and kinds of learning activities to meet the stated terminal behavorial objectives of the Associate of Arts Nursing Program of NCC while that program is in progress, the resulting written curriculum to equal in quality the curriculum of any Associate of Arts Nursing Program now in existence in the State of Arizona.

Scope of the Study

The study will be conducted in the Associate of Arts Nursing Program at NCC beginning with admission of the first nursing students and continuing until a majority of the continually matriculating students have demonstrated the expected nursing competencies described in the stated Terminal Behavorial Objectives of the Associate of Arts Nursing Program of NCC (Attachment A), but not more than three calendar years from admission of the first students.

Participants in the study will be:

I. All students admitted to the nursing program throughout the study period.
II. All nursing faculty involved in the nursing program during the study period.
III. All non-nursing team teachers involved in the nursing program during the study period.

Procedure of the Study

The following procedural steps will obtain for this study:

I. Administrative approval will be obtained from Navajo Community College Council, the Dean of Instruction, and the Arizona State Board of Nursing.
II. Selected literature will be reviewed throughout the study period in the areas of identification of learning needs of Navajo and Indian students, curriculum development in Associate of Arts Nursing Programs, team teaching, and Navajo history and cultural heritage. As an on-going process, interested Navajo will be interviewed for information about traditional health care practices, social and cultural patterns related to health problems.
III. The first full academic session (semester) after students have been admitted to the nursing program will compose a pilot study period and will be evaluated for feasibility of methods and approaches used in the study of identification of subject content and selection and organization of learning

A-24 blank

activities. Evaluation will be made by participating students, faculty, the Dean of Instruction, and selected representatives from participating clinical laboratory facilities.

IV. The nature of the study will be explained to appropriate members of the administration and teaching staffs of NCC, to interested students and community members, to participating agencies for clinical laboratories, and to the Arizona State Board of Nursing.

V. Identification of curriculum subject content and appropriate learning activities and their sequential organization will proceed as follows:
   A. Participating students and faculties will be oriented to the expected terminal competencies of the Associate of Arts Nursing Program.
   B. Process recording in writing and/or by tapes will be made of all Inquiry Circle meetings, nursing classes, and conferences.
   C. These records will be the source for written identification of subject content included, learning needs expressed or implied, and teaching approaches used.
   D. Evaluative and planning sessions by nursing and non-nursing faculties will occur weekly.
   E. Evaluative and planning sessions in one-to-one student/faculty meetings will occur weekly.
   F. Enabling objectives for meeting each stated terminal objective will be developed (Attachment B).
   G. A cumulative bibliography of readings and audiovisual aids found useful by students and faculty will be published periodically.

VI. Summarization and analysis of data will be done at least every two weeks by participants in this study and shall be the responsibility of the nursing faculty. This will include the following:
   A. A listing of subject content identified and in what learning situation this occurred.
   B. A listing of clinical nursing laboratory activities planned and effected; the number of students participating in each.
   C. Categorization of identified subject content and clinical laboratory activities as pertinent to one or more of the stated terminal behavioral objectives and/or their enabling objectives.

VII. An evaluation of the written curriculum developed as described herein to occur after at least five of the first admitted students have completed the program.

VIII. Conclusions and recommendations will be made based on the findings of the study and the evaluating team.

SOME EXPLANATORY NOTES AND DEFINITIONS

Team Teaching

Coordinator for the team of teachers for the nursing program is the Coordinator of the Nursing Program. Team members include teachers of microbiology, sociology, psychology, human biology, and Navajo and Indian studies. The Instructional Dean, on approval of the Navajo College Council, will appoint these teachers to be available to participate in clinical laboratory activities of the nursing students and not less than two hours/ weekly of Inquiry Circle (Inquiry Circle described below).

Nursing faculty and associate team teachers will meet weekly for the purpose of identifying student progress and content presented and to make plans for continuing program activities. In addition to clinical laboratory and Inquiry Circle, the nursing faculty will present discrete nursing content in specific class sessions attended by all nursing students. Other disciplines will present discrete content of their disciplines in class sessions which both nursing and non-nursing students will attend. The sequence of these disciplines is yet to be decided finally (Attachment C).

Nursing faculty will spend two hours weekly in a one-to-one contact with each student in nursing for purposes of academic counseling, directed study, and as resource persons for nursing studies. Nursing faculty will meet weekly for purposes of evaluating student progress and for curriculum evaluation and planning.

Inquiry Circle

The Inquiry Circle is a unique and basic component of the team teaching process and of all programs of study at the Navajo Community College. It is a discussion group – inquiring in focus – composed of all nursing faculty, all nursing students, and selected team teachers, dependent on the problems under study. Tape recordings of IC meetings will be made and will be kept in the Learning Center until students and faculty have had an opportunity to review and to identify content presented in each. Nursing faculty and team teachers may identify content and process principles in writing during the IC or may use the tapes for that purpose. Individual student academic and nursing interests or problems will be noted from these sessions and will be pursued by an appropriate faculty member in individual sessions.

The students may make patient presentation and other reports in these sessions so that all students and faculty may be involved in the learning and evaluative process. The IC is perceived as a non-threatening situation in which students may begin to express their ideas and may demonstrate their developing skills of communications and problem solving.

The cumulative written identification of subject content and group process will serve as basis for further development of the nursing curriculum and may be used in like manner by non-nursing participants.

Nursing Content Classes

Class sessions attended by all nursing students will be presented two hours weekly. Discrete nursing content will be presented by nursing faculty and may result from clinical laboratory and IC activities or may provide the basis for next learning opportunities. These sessions will be tape recorded and will be kept in the Learning Center until the initial program has been evaluated. Student and faculty will use them to review content covered for purposes of information and as basis for further evaluation and planning of nursing content.

Learning Center

The Learning Center maintains 20 carrels with film strip projectors with which available tapes may be used. The film strip and tape libraries will be developed for nursing to augment content presentations and clinical laboratory activities, e.g., skills development in nursing approaches and procedures. Equipment and supplies may be borrowed from the center on authorized faculty and center director signatures for a designated period of time, e.g., for use in IC, classes, clinical laboratory, or for individual pursuits.

Clinical Laboratory

Clinical laboratory will be provided in Sage Memorial Hospital, Fort Defiance Hospital, and in satellite clinics of Project HOPE/USPHS-IHS in the Ganado area. Nursing faculty will accompany and supervise students in these laboratories. Pre- and post-conferences will be an integral part of each day's activities. Participants will include all assigned nursing students and nursing faculty, appropriate team teachers, and other nursing and non-nursing personnel relevant to the day's activities. These sessions may or may not be recorded on tapes or films at the discretion of the nursing faculty. Because all HOPE staff are teaching oriented, they will be included where pertinent in student conferences.

Courses Required for Completing the Associate of Arts Nursing Program

(See Attachment D)

APPENDIX B
ATTACHMENT A

TERMINAL OR EXIT BEHAVIORS EXPECTED OF NURSING STUDENTS

I. Observing a person with obvious signs and symptoms of nutritional deficiencies, the student lists the possible and probable causative factors; lists physiologic bases for any prescribed therapy; utilizing principles of human biology, microbiology, psychology, and sociology proposes and implements a plan of nursing action to meet the identified needs of the patient; evaluates success of the intervention on basis of physiologic and emotional reactions of the patient; and suggests changes in nursing approach as necessary.

II. As a potential member of the health team providing patient care, the technical nursing student identifies and explains some pertinent factors of the environmental, physical, and emotional safety and comfort for the patient, for himself, and for team members; utilizing principles of human biology, sociology, microbiology and psychology, proposes and/or effects environmental changes; plans, provides, or assists with physical care and emotional support for the patient, including hygiene, activity, rest and sleep, and the relief of pain; evaluates success of nursing interventions, and revises nursing approaches as indicated.

III. As a potential member of a health team providing patient care, the technical nursing student identifies and describes recurrent themes of human feelings and behaviors in himself, his team members, and in patients and their family members in varying "normal" and stress situations; utilizes attitudes and techniques of interpersonal interaction to assist in establishing an atmosphere of trust and of open and reliable communications; assists in planning nursing actions to meet identified patient needs and implements these plans; participates in nursing team conferences for evaluating success of nursing actions and for revising approaches.

IV. Observing a patient with obvious symptoms of oxygen deprivation, the nursing student identifies and describes the possible and probable causes of presenting signs and symptoms; assists in preparing a plan of action, and implements that plan to improve external respirations, exchange of gases, and utilization of oxygen; evaluates or assists in evaluating the success of nursing actions as basis for revising nursing approaches.

V. Observing a patient with obvious problems of intestinal and/or urinary elimination, the nursing student identifies in writing the possible and probable causes of presenting signs and symptoms; utilizes principles of physical and biologic and social sciences in planning and implementing nursing actions to establish or facilitate elimination; determines results of nursing actions as basis of revising nursing approaches.

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III. As a potential member of a health team providing patient care, the technical nursing student identifies and describes recurrent themes of human feelings and behaviors in himself, his team members, and in patients and their family members in varying "normal" and stress situations; utilizes attitudes and techniques of interpersonal interaction to assist in establishing an atmosphere of trust and of open and reliable communications; assists in planning nursing actions to meet identified patient needs and implements these plans; participates in nursing team conferences for evaluating success of nursing actions and for revising approaches.

The student identifies and describes:

A. Some of his own recurrent human feelings and behaviors in situations varying in group composition, stress loading, importance to himself
B. Some recurrent themes of feeling and behavior in team members
C. Some recurrent themes of feeling and behavior in patients of all age groups relative to family position, community identity, and personal responsibility
D. Some recurrent themes of feelings and behavior in selected patients of any age group with a pathologic physical condition or state
E. Some recurrent themes of feelings and behaviors in selected patients of any age group with common pathologic mental condition or state
F. Some common physical and mental stress factors which are thought to cause changes in feelings and behaviors
G. Some behaviors which are considered symptoms of so-called "anxiety"
H. Some behaviors commonly considered acceptable in "anxiety"-reduction
I. Developmental tasks expected for any age group
J. Indications of inconsistency in or failure to achieve and/or maintain expected level of development
K. Some commonly accepted reasons for developmental inconsistency or failure relative to:
    1. Physical condition
    2. Place in family constellation
    3. Stress factors experienced
L. Factors involved in successful interpersonal interactions
M. Role of technical nurse in establishing and maintaining successful interpersonal interactions and relations
N. Functional role of various team members as regard clients/patients whose behavior is considered inappropriate or unacceptable
O. Some common psychiatric conditions and some theories of possible cause of these
P. Common treatment modalities for identified psychiatric conditions, including group and individual therapy and medications/drugs used

Demonstrating his knowledge and understanding, the student:

A. Records his own feelings and actions in some situation alone, in a group, with family member, with a patient
B. Records verbal and non-verbal feelings and actions observed in a patient with a physical illness in any age group
C. Records verbal and non-verbal feelings and actions observed in a patient with diagnosis of mental illness or psychiatric condition in any age group
D. Observes and records behaviors of colleagues and/or patients which may reflect "anxiety"
E. Observes and records behaviors which are commonly accepted as appropriate in anxiety reduction among colleagues or patients of any age

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F. Observes and records behaviors which are considered inappropriate or unacceptable in anxiety reduction in any age group
G. Initiates and maintains interaction with selected patients for a stated purpose for a period of time dictated by purpose, in any situation in any age group
H. Process records interaction with a patient including verbal and non-verbal stimuli and responses of both
I. Participates in and records own feelings and actions in a nursing team conference, a class session
J. Participates in and records perceptions of verbal and non-verbal actions of selected members of the team in a team conference
K. Observes and records perceptions of verbal and non-verbal communications of a person with psychiatric condition
L. Reads patient treatment chart where diagnosis is a psychiatric condition; observes treatment of patient, and records own perceptions, team, patient
M. Under supervision assists with treatment of selected patients with psychiatric condition (if possible)
N. Assists with or administers drugs and/or medications to any assigned patient; records administration, any difficulties encountered.

Analyzing his actions in view of his knowledge and understanding the student:
A. Employs theme abstraction to categorize recurrent verbal and non-verbal expressions of feelings and actions, among team members, patients
B. Analyzes process recording of interactions with patients for own and patient's actions and reactions
C. Observes persons of any age group, physically or mentally well or unwell, and compares activities with check list for apparent developmental level
D. In nursing team conference, indentifies:
    1. Giver of information, method of information giving
    2. Major receiver of information, attitude of receiver
    3. Facilitator of information exchange
    4. Own role, feelings, actions, reactions in information exchange process
E. Validates his perceptions with significant other in group
F. Observing treatment of patient with psychiatric condition, records observations and analyzes them for reaction to treatment as compared to expected reaction

Synthesizing his knowledge, understanding, and analysis of experiences, the student is able to
A. Apply principles learned in one situation to any other similar situation
B. Use skillfully the techniques of interpersonal interaction in any situation
C. Observe and record accurately patient and own actions, reactions and compare these to expected outcomes, realizing that each situation is individual
D. Identify his role in the health team and to participate in conferences in a contributing manner
E. Identify at least one significant other with whom to validate his perceptions in any situation

The student evaluates
A. Evaluates his actions in view of his known role in the health team
B. Assists in evaluating patient care plans of his patients and proposes changes based on knowledge and information he has about the patient
C. Assists in evaluating his own and other's success in information exchange and maintenance of open communications on all levels

IV. Observing a patient with obvious oxygen deprivation, the student identifies and describes the possible and probable causes of presenting signs and symptoms; assists in preparing a plan of action and implements that plan to improve external respirations, exchange of gases, and utilization of oxygen; evaluates or assists in evaluating the success of nursing actions as basis for revising nursing approach.

A. The student identifies and describes:
1. The importance of oxygen in living organisms, where and how obtained from cellular to pulmonary physiology
2. External factors involved in normal respirations
3. Internal factors involved in normal respirations
4. Relationships and interdependence of cells, heart, lungs, kidneys, neural and chemical factors in oxygen intake, level maintenance, and utilization in healthy organism from conception to death
5. Changes which may be expected in respirations, oxygen consumption, and utilization in the presence of some types of non-pathologic stress
6. Changes which may be expected in respirations, oxygen consumption, and utilization in the presence of mental and emotional stress
7. General factors to consider which may cause pathologic changes in respiration, oxygen consumption, and utilization from conception to death
8. Manifested signs and symptoms of normal and pathologic changes in respirations, oxygen consumption, and utilization and the physiologic reasons for them
9. Some pathologic physical stresses (disease entities) which cause primary oxygen deficit
10. Some pathologic physical stresses which cause secondary oxygen deficit
11. Changes in other gas concentrations in the presence of increased oxygen concentrations; decreased oxygen concentration
12. Some physiologic means of increasing oxygen consumption, concentration, and utilization
13. Some mechanical means of increasing oxygen consumption, concentration, and utilization
14. Some drugs and medications and their actions which facilitate oxygen consumption, concentration, and utilization
15. Functions and responsibilities of the technical nurse in providing physiologic, mechanical, and pharmacologic means of increasing oxygen consumption, concentration, and utilization
16. The roles of some of the specialists in giving care to patients with oxygen deprivation
17. Factors involved in heart-lung resuscitation and the responsibilities of the technical nurse in this procedure
18. Equipment, drugs, and protocol for their use in heart-lung resuscitation

B. The student demonstrates his knowledge and understanding as follows:
1. Observes and records normal respirations, color, blood pressure, pulse in persons of any age group
2. Observes and records respirations, color, blood pressure in patients under physical, mental and emotional stresses
3. Observes and records signs of respiratory distress reported by patients
4. Assists in planning and giving nursing care to patients with some form of oxygen deprivation
5. Assists in planning and giving nursing care to patients with respiratory distress; records assistance given
6. Observes and records physiologic measures used in increasing oxygen consumption
7. Assists with or provides physiologic measures for increasing oxygen consumption

8. Observes and records mechanical measures used in increasing oxygen consumption
9. Assists with or provides mechanical measures for increasing oxygen consumption
10. Administers drugs and medications ordered for patients with oxygen deprivation; records administration, any difficulties encountered
11. Prepares and presents simple teaching plan to meet needs of patient care with oxygen deprivation
12. Participates in team conferences for planning and evaluating patient care
13. Observes and assists with heart-lung resuscitation
14. Observes patients receiving anesthesia, gives post-anesthesia care and records observations, assistance given

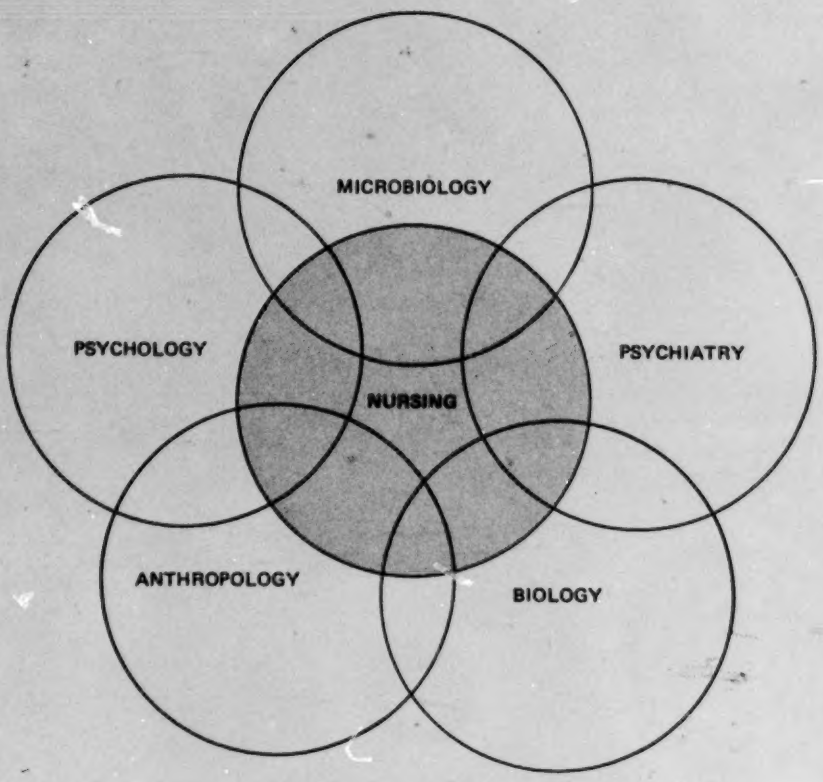
C. The Student analyses, synthesizes, and evaluates as follows:

1. Determines and records vital signs of any person of any age group and compares determinations with expected normals; reports abnormalities to appropriate team member
2. Compares reported patient signs with physical state, expected signs, and symptoms related to diagnosis
3. Evaluates nursing care given to patient with respiratory distress in terms of physiologic response, emotional change, and sense of well-being; assists in revising care plan to include observations, validations made
4. Evaluates nursing care given to patient with oxygen deprivation other than respiratory distress in terms of physiologic response to therapy and care, emotional change, and sense of well-being; assists in revising care plan to include observations, validations made
5. Compares actual results with expected results when using physiologic, mechanical, and pharmacologic measures to increase oxygen consumption, concentration, and utilization
6. Validates and evaluates success of patient teaching, changing, or reinforcing teaching as needed
7. Contributes to nursing team conferences for evaluating and planning care for his patients, based on his knowledge and understanding of his patients
8. Evaluates post-anesthesia care given and relates principles learned about anesthetized patients to other patients with depressed levels of consciousness

APPENDIX B
ATTACHMENT C

TEAM TEACHING MODEL FOR INQUIRY CIRCLE MEETINGS

First Semester



APPENDIX B
ATTACHMENT D

Courses Required for Completing Associate of Arts Nursing Program

I. Required by college:
   A. 9 semester hours - Navajo and Indian Studies
   B. 6 semester hours - English
   C. 2 semester hours - Physical Education

II. Required by Nursing Division:
   A. 24 semester hours - Inquiry Circle in Nursing.
      (Includes nursing theory, Clinical Laboratory, one-to-one student/faculty and team teacher/student group meetings.)
   B. 3 semester hours - Psychology
   C. 3 semester hours - Anthropology
   D. 8 semester hours - Biology
      (Includes Anatomy and Physiology)
   E. 4 semester hours - Microbiology
   F. 7 semester hours - Electives

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APPENDIX B
ADDENDUM

CONCEPTUAL/THEORETICAL FRAMEWORK OF THE CURRICULUM

The terminal and enabling behavioral objectives which comprise the curriculum are descriptive of the expected cognitive and psychomotor behaviors, i.e., nursing competencies, which must be demonstrated by students before credit in nursing may be assigned. These objectives include both nursing content and nursing process within the teaching/learning approach used in the Navajo nursing program.

Conceptual Framework

Conceptually, the curriculum is based on common human needs which must be met as identified by the author and others during a curriculum workshop at the University of Arizona College of Nursing in June 1970. As stated by the workshop group these were: nutrition, elimination, oxygen, activity or exercise, rest including sleep, safety, and emotions. For purposes of the Navajo curriculum these were consolidated into five major categories: I. Nutrition, II. Safety and Comfort, III. Mental Health, IV. Oxygen, and V. Elimination.

Theoretical Framework

Working from the premise that basic nursing knowledge and skills are universal, the curriculum was developed by identifying what the student must be able to do (psychomotor behaviors) and what he must know (cognitive behaviors) as a basis for his action or intervention in a client situation.

Perceiving the parallel relationship among the "scientific method" (problem-solving process), the teaching/learning process, and nursing care planning, the problem-solving process was used as the theoretical framework for the curriculum. In the Navajo curriculum this was conceived to be a cyclical process rather than as one part of a purely hierarchical classification of instructional objectives.

While specific competencies were required of students throughout their academic years, the faculty believed that teaching the problem-solving process and using it as a basic structure of the curriculum would assist students and young graduates to enter new and unknown nursing situations with confidence. Consequently, students were expected to learn and to use all steps of the process throughout the learning experience.

The Objectives and Their Attainment: An Evaluation

The teaching/learning objectives were based on ideas from Bloom's *Taxonomy* (Benjamin S. Bloom. *Taxonomy of Educational Objectives: The Classification of Educational Goals, Handbook I: Cognitive Domain.* New York: David McKay Company, Inc., 1956.) The assumption was made that students would have achieved many of the educational goals, at least minimally, prior to entering college. During the experimental phase of the program, it became apparent that this assumption was not valid. With the increasing complexity of nursing competencies demanded, greater numbers of learning opportunities were necessary in all of the higher classifications within each category.

This lack of goal achievement and/or failure to transfer learning was found also in the realms of affective and psychomotor behaviors when evaluated against the affective domain classification of Krathwohl, et al. (D. F. Krathwohl, B. S. Bloom, and D. B. Masia. *Taxonomy of Educational Objectives: The Classification of Educational Goals, Handbook II: Affective Domain.* New York: David McKay Company, Inc., 1964.), and a psychomotor classification developed by the author (see attached).

During the consolidation phase of the program, when the curriculum was being formalized for publication seven levels of nursing competencies were identified by the faculty. In the following tables these levels are indicated by Roman numerals I-VII. Classification numbers from the Bloom and Krathwohl taxonomies referenced above and those from this author's classification appear in detail at the left for each domain. (The reader

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should refer to the original *Taxonomy* publications since *classification numbers only* are used here.) The shaded areas after each classification number indicate at what point in the nursing curriculum most students had incorporated that level of behavior sufficiently in their repertoires of behavior so that emphasis was no longer needed in a highly formalized way.

Shaded areas beginning at a level other than Nursing I indicate that a majority of students was ready to concentrate on developing these behaviors at that point in the nursing program. Those classifications which continue through level VII indicate that a majority of graduating students needed to continue, in a concentrated manner, to develop those behaviors as beginning practitioners of nursing. While the nursing curriculum encouraged mastery of all objectives, few students were evaluated to have achieved that level.

THE OBJECTIVES AND THEIR ATTAINMENT: AN EVALUATION

TABLE I

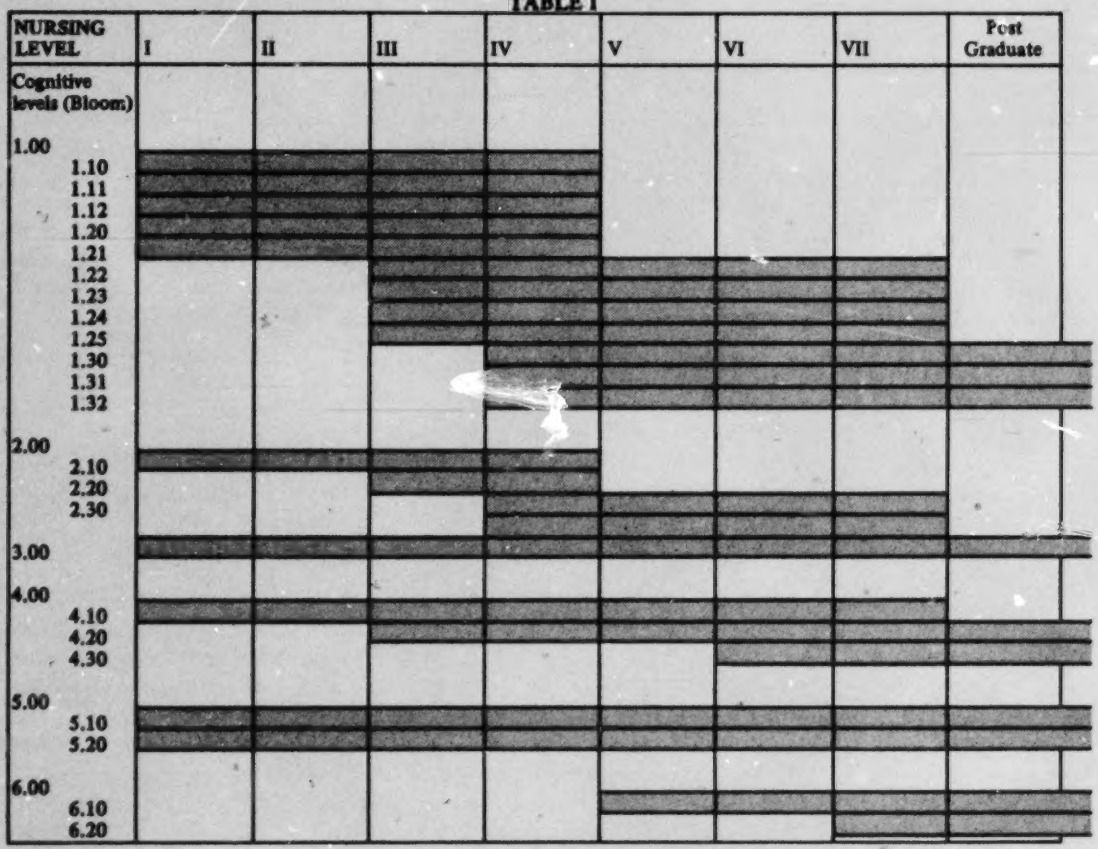


TABLE II

NURSING LEVEL	I	II	III	IV	V	VI	VII	Post Graduate
Affective levels (Krathwohl)								
1.0								
1.1								
1.2								
1.3								
2.0								
2.1								
2.2								
2.3	omitted							
3.0								
3.1								
3.2								
3.3								
4.0								
4.1								
4.2								
5.0								
5.1								
5.2								

TABLE III

NURSING LEVEL	I	II	III	IV	V	VI	VII	Post Graduate
Psychomotor levels (Daniel)								
1.00								
1.10								
2.00								
2.10								
2.20								
3.00								
3.10								
3.11								
3.12								
4.00								
4.10								
4.20								
5.00								
5.10								
5.11								
5.12								
5.13								
5.20								
6.00								
6.10								
6.11								
6.12								
6.20								
7.00								
7.10								
7.20								

A CLASSIFICATION OF PSYCHOMOTOR BEHAVIORS*

1.00 Perceptual set

2.00 Observation of action
- 2.10 verbal and nonverbal actions in a controlled demonstration setting (lab)
- 2.20 verbal and nonverbal actions in an uncontrolled client situation

3.00 Simulation of action in controlled demonstration setting (lab)
- 3.10 immediate simulation of observed demonstration in exact order of occurrence
- 3.11 carrying out explicit instructions, written or spoken, without demonstration
- 3.12 demonstrating action named, without instructions

4.00 Preparation for action
- 4.10 of self and equipment in simulated setting
- 4.20 of self, equipment, environment, and client in client setting

5.00 Action in client situation
- 5.10 simple acts within highly controlled, teaching-defined parameters with supervision
- 5.11 serial acts within highly controlled, teaching-defined parameters with supervision
- 5.12 interrelated acts under supervision but with few teacher-defined parameters
- 5.13 complex acts under supervision but with no teacher-defined parameters
- 5.20 complex acts without supervision

6.00 Internalization of actions
- 6.10 performing serial acts smoothly, with speed and accuracy under supervision
- 6.11 performing interrelated acts smoothly, with speed and accuracy under supervision
- 6.12 performing complex acts smoothly, with speed and accuracy, in logical sequence under supervision
- 6.20 performing complex acts smoothly, with speed and accuracy, in logical sequence without supervision

7.00 Internalization of actions
- 7.10 repetition
- 7.20 somatization

*Further elaboration and explanation of this classification will be presented by the author in a future publication.

APPENDIX C

POSITION DESCRIPTION: Program Director or Coordinator
Associate of Arts Nursing Program
Navajo Community College

DURATION OF APPOINTMENT: As contracted, with at least a yearly review

REPORTS TO: College Dean of Instruction on all matters

REPORTING TO THIS POSITION: All nurse faculty; all staff in nursing program

BASIC FUNCTION: To develop, implement, and administer an Associate of Arts Nursing Program at Navajo Community College which meets the requirements for accreditation by the Arizona State Board of Nursing and in keeping with the philosophy and objectives of the college

PRINCIPAL DUTIES:

I. Administers all aspects of the nursing program in keeping with stated *Rules and Regulations* of the Arizona State Board of Nursing and in keeping with college policies

II. Directs and supervises faculty in all aspects of curriculum development, implementation, evaluation, and revisions

III. Negotiates written agreements for clinical uses between the college and necessary clinical facilities

IV. Develops admission procedures for student entrance into nursing program

V. Coordinates recruitment of students

VI. Communicates clearly as liaison person with all other instruction departments and administrative officers of the college

VII. Plans and submits yearly budget

VIII. Approves all operational and equipment expenditures for the nursing program

IX. Evaluates and recommends nursing faculty appointments and re-appointments

X. Communicates with community members, agencies, and others as representative of the program

QUALIFICATIONS: Required – Master of Science degree; license to practice as Registered Nurse in State of Arizona
Preferred – Administrative and teaching experience; Navajo-speaking

Prepared: 1970
Reviewed: 1972
Revised: 1973

APPENDIX C

POSITION DESCRIPTION: Nurse Instructor
Associate of Arts Nursing Program
Navajo Community College

DURATION OF APPOINTMENT: As contracted with at least yearly review

REPORTS TO: Reports directly to coordinator of the Associate of Arts Nursing program on all matters

REPORTING TO THIS POSITION: No one

BASIC FUNCTION: This highly skilled Registered Nurse practitioner works in close cooperation with and under the supervision of the program coordinator in planning, implementing, and evaluating all student-related learning activities including academic counseling, theoretical and practicum teaching, individual tutoring, and curriculum development and evaluation as needed.

PRINCIPAL DUTIES:

I. Plans, implements, and evaluates teaching plans on daily and long-term basis in cooperation with other faculty and in keeping with the philosophy of the college, the needs of the students, and in accordance with the regulations of the Arizona State Board of Nursing

II. Communicates clearly with the program coordinator and other faculty members regarding all matters related to student learning, to program development, to relevant college and community problems and activities, particularly as these may relate to health care and to education

III. Assumes responsibility for and participates in college activities of assigned, appointive, or elective nature such as committees, conferences and seminars, record keeping and research, in keeping with teaching load

IV. Maintains and develops nursing practice and teaching expertise through participation in conferences, workshops, and university credit courses (including clinical practicum); association with other professionals; reading professional publications

V. Is aware of and develops sensitivity and responsiveness to the various racial and ethnic groups and their unique social and cultural patterns as represented in the college and the community membership

VI. Represents Navajo Community College and the nursing profession in a manner reflecting the philosophies and beliefs of those institutions

QUALIFICATIONS: Preferred–Master of Science with clinical specialty and education
Acceptable–Bachelor of Science with nursing major and minimum of two years' experience; license to practice as Registered Nurse in the State of Arizona; appointment by the Navajo Community College Board of Regents

Prepared: 1970
Revised: 1971

APPENDIX D

AA Nursing Program
NAVAJO COMMUNITY COLLEGE

NURSE F/ CULTY EVALUATION

NAME:_____
Time Period Covered:_____

The following areas of evaluation are based on your position description as nurse instructor at Navajo Community College.

Key to rating:
1. greatly exceeds expectations of a professional nurse instructor
2. usually exceeds expectations of a professional nurse instructor
3. usually meets expectations of a professional nurse instructor
4. occasionally meets expectations of a professional nurse instructor
5. rarely meets expectations of a professional nurse instructor

I. Communication Demonstrated with:	1	2	3	4	5
A. Nurse faculty					
B. Students					
C. Coordinator					
D. Other faculty					
E. Community members					
F. Other health workers					
G. Other administration					

II. Work Characteristics Demonstrated					
A. Completion of required work on time					
B. Functioning as member of nurse faculty team					
1. In curriculum planning					
2. In curriculum implementation					
3. In curriculum evaluation					
4. In student evaluation					
C. Flexibility					
D. Creativity in teaching					
E. Attendance					

III. Professional Characteristics Demonstrated	1	2	3	4	5
A. Knowledge of teaching and nursing in general					
B. Knowledge of area of specialization					
C. Understanding of associate degree education					
D. Understanding of college philosophy					
E. Participation in professional activities (Nursing and general college)					
F. Responsibility for own professional learning					

IV. Local Adaptation Demonstrated					
A. Sensitivity to racial/ethnic groups					
B. Adaptability to work facilities					
C. Adaptability to living conditions					

Explanatory Comments:
(For any ratings 4 or 5 an explanatory statement should be made here.)

Comments by Instructor Evaluated

Recommendations:

Evaluator: _____

Date evaluation given to instructor: _____

APPENDIX E

MEMORANDUM OF AGREEMENT

Between Fort Defiance Service Unit, Indian Health Service, United States Department of Health, Education and Welfare, and Navajo Community College.

Article I **Project:** To establish and to provide a general clinical nursing experience for Navajo Community College students in the Associate of Arts Degree Nursing Program.

Article II **General:** Navajo Community College is seeking clinical resources to use in teaching Associate of Arts Degree Nursing students, since it is necessary for these students to obtain general clinical nursing experience as partial fulfillment of qualifications for securing licensure as technical registered nurses.

Article III **Effective Date:** This agreement shall become effective on the date of signing by both parties.

Article IV **Scope of Program:** It is planned that all students will observe and/or provide nursing care for selected adult, newborn, and pediatric patients as determined by their individual learning needs. These experiences will be provided in selected clinical units of the hospital. It is anticipated that not more than 20 students will be assigned to the Fort Defiance Hospital at any one time and not more than 10 to any single clinic service. Each student will have a maximum of 4-16 hours/week in clinical experience throughout the period of her matriculation. The rate of experience hours/week will be determined by student placement in the program as decided by the nursing faculty of Navajo Community College. The scope of this experience at the Fort Defiance Hospital may be altered at the discretion of the college, with the approval of the Service Unit Director, Fort Defiance Service Unit.

All learning activities of the student will be considered educational and non-service in nature and will therefore be without monetary compensation, subsistence, or laundry. Any service rendered by students will be incidental to their learning activities.

The nursing student must not only meet the physical requirements for entrance to the college, but also must be free of any contagious disease while engaged in clinical activities at the hospital.

Article V **Services to be provided by the Fort Defiance Indian Hospital Service Unit:**

A. Physical facilities, including conference room.
B. Case materials available to nurse instructor by Charge nurse, with the approval of the attending physician.
C. Clinical experience in nursing care duties both inpatient and outpatient adult, newborn, and pediatric areas.
D. Orientation to the Indian Health Program, facilities, resources, and records.
E. Clinical records available to the nursing instructors and students for planning and carrying out assignments.
F. Participant observation in field health programs relevant to educational activities.

Article VI **Services provided by Navajo Community College:**

A. Faculty member(s) for teaching and supervision of students at a ratio of at least one instructor per ten students on a clinical service.
B. Transportation, housing, and meals for students and faculty.
C. Assurance that all information pertaining to the patient's illness or treatment be held in strict professional confidence by students and faculty.
D. Students and instructors will be covered by adequate malpractice and liability insurance provided by the college.

Article VII **Cooperative arrangements:**

A. Conferences will be held between the college representatives and the hospital nursing staff relevant to educational objectives and patient care plans prior to student assignments.
B. Prompt referral to head nurse or her delegate for advice and/or action when there is any technical problem relating to the care of the patient or any evidence of patient dissatisfaction.

Article VIII **Review:** The Director of the Navajo Community College Nursing Program, the Service Unit Director, and the Hospital Director of Nurses, will meet no less than quarterly and discuss objectives, operations, problems, and future plans for the nursing training program. This agreement may be modified by mutual consent as a result of these evaluation sessions and may be terminated by either party after 60-day notice to the other party.

_____ _____

Service Unit Director
Fort Defiance Hospital — Date

_____ _____

Director of Nursing Service
Fort Defiance Hospital — Date

_____ _____

President
Navajo Community College — Date

_____ _____

Coordinator, A.A. Nursing Program
Navajo Community College — Date

INQUIRY CIRCLE #1
AA NURSING AND RELATED DISCIPLINES
CONTENT IDENTIFICATION

Instructor: *Team*

Date of Session: *14 September 1970*

Student Name(s): *All*

PRINCIPLE, CONCEPT IDENTIFIED	# RELEVANT COMPETENCY	WHAT HAPPENED
1. Team approach to teaching/ learning a. One approach to teaching/ learning "nursing"	All disciplines (i.e. Nursing, Anthropology, Psychology, Biology)	1. Introductions at first two-hour meeting of team teachers/ students. Each teacher explained what he saw as his role in the team approach in looking at all questions and problems under consideration.
2. Individual student responsibility for his own learning and use of resources in the inquiry method	All disciplines	2. Question and answer period on overall approach.
3. Inquiry Circle	All disciplines	3. Explanations and discussion of experimental design from program and role of each person in its implementation.
4. Nursing	All disciplines	4. General discussion of Inquiry Circle and how it might be implemented based on catalogue descriptions and supplementary.
		5. Students discussed what their concepts of nursing are. Very tentative contributions led mostly by LPN's. Some contributions by team teachers especially regarding concept of "nursing" in Indian cultures i.e., no formally designated person but role usually taken by female family member when sickness or pregnancy/delivery occurs. The Medicine Man was mentioned as important in health care, but his role and function in the culture were not defined.
		6. All concepts mentioned here will be pursued throughout the entire program of studies.

Instructor: *Team*

Date of Sessions: *14-16 September 1970*

Student Name(s): *All*

INQUIRY CIRCLE #1
AA NURSING AND RELATED DISCIPLINES
CONTENT IDENTIFICATION

PRINCIPLE, CONCEPT IDENTIFIED	# RELEVANT COMPETENCY	WHAT HAPPENED
1. Recognition of a potential community health problem (diphtheria)	II. A. 1, 14 B. 1, 3 (partial), 4, 8 (partial), 13, 22 C. 6, 7 (partial) D. 1 (partial), 2 (partial), 4	1. Problem introduced to Group (Diphtheria on Reservation's east side). 2. Eliciting questions from students which general public might ask—what our own information needs are.
2. Problem-solving techniques a. Question asking b. Information-seeking	III. A. 12, 13 (partial) B. 1, 4, 9 C. 5 All disciplines	3. Small groups activity a. Went to resource persons and library to learn as much as possible about: (1) Diphtheria, transmission, immunization, prevention. (2) Informational level of general public through interview of college personnel randomly sampled.
3. Means of planning and implementing a solution from knowledge gained	All disciplines Transfer of learning from theory to practice	4. Reports by students of activities. Information-sharing with team teachers as "expert" resource persons. 5. Advice and supplies re: giving DT boosters from PHS. 6. Preparation of posters by students—publicity on campus.
4. Implementation of plans	All disciplines	7. Administration of boosters by nurse faculty. 8. Interviews, explanations, recording by students.
5. Evaluation of activities	All disciplines	9. Student observations of public response to health measure provided. 10. Decided that all needed more knowledge and skill in problem-solving, communications, interpersonal relations.

INQUIRY CIRCLE #1
AA NURSING AND RELATED DISCIPLINES
CONTENT IDENTIFICATION

Instructor: *Team*

Date of Session: *17 September 1970*

Student Name(s): *All*

PRINCIPLE, CONCEPT IDENTIFIED	# RELEVANT COMPETENCY	WHAT HAPPENED
1. Effectiveness of Immunization Program a. Criticisms b. Suggested alternatives c. Evaluation 2. Effectiveness of learning experience	All disciplines Problem-solving	1. Small group discussions with team teachers. 2. Students met in groups and discussed two situations: (all students participated) a. How to improve immunization program. (1) More posters–earlier with more information. (2) 8mm. movie in Learning Center. (3) What is diphtheria? Why immunize now? (4) Personal record of immunization. b. How to improve the student's learning experiences (suggestion made by the students) (1) More explanation of techniques used beforehand. (2) Explanation "on the scene" of what was taking place.

INQUIRY CIRCLE #1
AA NURSING AND RELATED DISCIPLINES
CONTENT INDENTIFICATION

Instructor: *Team*

Date of Session: *17, 18, 21-23 September 1970*

Student Name(s): *All*

PRINCIPLE, CONCEPT IDENTIFIED	# RELEVANT COMPETENCY	WHAT HAPPENED
1. Communications necessary to all human interaction: Verbal Non-verbal	III. A. 12,13 All disciplines B. 1, 4, 5, 6, 9, 10	1. Assigned readings.
2. Characteristics and information to be known for communication	III. A. 12, 13, 1, 2, 3, 6 All disciplines	2. Class discussion and small group activities attempting to identify components of communications.
3. Member parts of communications system must be known	III. A. 12 All disciplines B. 1, 4, 5, 6, 9, 10	3. Mini-lecture on "model" "sender-message-channel-receiver" and characteristics of each.
4. Defense mechanisms are integral part of communications and interpersonal interactions	III. A. 1-5 Psychology	4. Videotaping session with five participants, five observers attempting to identify what is happening (see questionnaire-guide page 57). Verbal, nonverbal attitudes expressed; their real meanings.
5. Behavior "themes" may be recognized in actions or in words	III. A. 1-12 Psychology	5. Introduction of defense mechanisms as result of expressed feelings of participating students.
6. Sensitive observations in interaction (verbal and nonverbal) will lead to identification of potential client/patient problems by nurse	All disciplines	6. Introduction of problem-solving steps and relationship to patient-nurse interaction and care planning.

NURSING 100
AA NURSING PROGRAM
NAVAJO COMMUNITY COLLEGE

Communications: Videotape Session

Objectives:

1. The student identifies and describes some of his own recurrent human feelings and behaviors in situations varying in group composition, stress loading, importance to himself.
2. The student identifies and describes some recurrent themes of feelings and behavior in team members.
3. Demonstrating his knowledge and understanding, the student records his own feelings and actions in some situation alone, in a group.
4. The student assists in evaluating his own and others' success in information exchange.

Directions:

1. List the members of the group who do most of the talking.

2. What seems to be their message?

3. To whom are their messages directed?

4. Who seems to be listening? Describe what they are doing verbally and nonverbally that makes *you think* they are listening.

5. Observe for and describe nonverbal communication in two participants.

6. Is there an exchange of information, ideas, feelings? Try to identify one example of each (describe what is said and done):
   A. Exchange of information

   B. Exchange of ideas

   C. Exchange of feelings

7. Describe some of the feelings you had while:
   A. watching your classmates being taped

   B. you were being taped

INQUIRY CIRCLE #1
AA NURSING ... RELATED DISCIPLINES
CONTE... ...TIFICATION

Instructor: *G. Daniel*

Date of Session: *Beginning 24 September – 6 November 1970*

Student Name: X *(Project #1)*

PRINCIPLE, CONCEPT IDENTIFIED	# RELEVANT COMPETENCY	WHAT HAPPENED
1. Behavioral themes may be indicative of "anxiety" or other emotional distress in anyone and are observable.	III. A., F. III. B. 4, 7, 8, 9, 11. III. C. 1, 2, 5.	9-24-70 – Would like to research some aspect of mental health, especially re: anxiety. Will begin readings and decide.
2. Recurrent verbal and nonverbal expressions by client/patient may lead to identification of individual's emotional distress.	III. D. 2 (partial) 3 (partial) 5	9-28-70 10-01-70 – Has begun Brenner, Carlson, Skipper, and Leonard. Discussed accepted meanings of anxiety, fear; physiologic and psychologic implications of these emotions as stimulus and response.
3. At least one significant other in most groups validates one's perceptions.		10-05-70 – Reviewing defense mechanisms. Will interact with patient and attempt to identify any mechanisms employed. Will observe for anxiety symptoms among classmates; with patients. 10-12-70 10-13-70 – Continues readings with view to interviewing patient. 10-15-70 10-20-70 – Brief interaction with young "suicidal" patient, who showed signs of anxiety, in mannerisms, speech, and appearance. 10-22-70 – Discussed in inquiry meeting her interaction with patient, her own feelings, her observations. Psychiatrist present as major resource persons (also is patient's physician).

10-28-70 – Frequent scheduled and casual meetings discussing progress of project and person activities. Paper completed.

11-06-70 – The student used the following resources:

Patient Charts
Patients in interview
Psychiatrist
Classmates and teachers.

Brenner, C., *An Elementary Textbook of Psycho-Analysis, 1955.*
Carlson, D., *Behavioral Concepts and Nursing Intervention,* 1970.
English, O., et al., *Emotional Problems of Living.* 1955.
Freedman, et al., *Comprehensive Textbook of Psychiatry,* 1967.
Janis, Irving, *Psychological Stress,* 1958.
Mumford, et al., *Sociology in Hospital Care,* 1967.
Murphy, Jane M., *Approaches to Cross-Cultural Psychiatry,* 1965.
Nordmark, et al., *Scientific Foundations of Nursing,* 1967.
Skipper, James, et al., *Social Interaction and Patient Care,* 1965.
Thompson, David W., *Psychology in Clinical Practice,* 1965.
Travelbee, Joyce, *Interpersonal Aspects of Nursing,* 1966.

INQUIRY CIRCLE #1
AA NURSING AND RELATED DISCIPLINES
CONTENT IDENTIFICATION

Instructor: *G. Daniel*

Date of Session: *Beginning 4 November – 9 December 1970*

Student Name: *Y (Project #3)*

PRINCIPLE, CONCEPT IDENTIFIED	# RELEVANT COMPETENCY	WHAT HAPPENED
1. Hopi/Anglo eating patterns	I. A	11-04-70 – Begin interview of Hopis (mother, grandfather, aunt).
2. Religious beliefs and related foods	II. B. 5	11-06-70 – Review and read for Anglo point of view.
3. Hopi ceremonials related to hygiene and psychology of daily living	Anthropology	11-12-70 – Look at foods for nutritional value–relative merits of hygiene at ceremonials e.g., birth, post partum.
		11-13-70 – Discussing weekend objectives and goals for Hopi interviews.
		11-16-70 – Initial reaction and report on information gained from _____.
		11-18-70 11-19-70 – Beginning to organize materials for report and paper.
		12-09-70 – Made report to class. Outline submitted and discussed in evaluation of experience on 21 December. Student used following resources: Family, especially grandfather from _____. Friends Robinson, Corinne H., *Basic Nutrition and Diet Therapy*, 1965. Williams, Sue R., *Nutrition and Diet Therapy*, 1969. Private interview at home.

Appendix G

MODEL OF PROCESS: TEACHING/LEARNING; PATIENT CARE PLANNING; PROBLEM-SOLVING

I. Identify (i.e., name) the problem being considered in terms of
   A. theory (knowledge)
   B. psychomotor skills
   C. affective behaviors

II. Describe or explain as much as is known or can be found out in order to detail sequential steps necessary
   A. to master theory content
   B. to develop appropriate skills
   C. to determine components of program

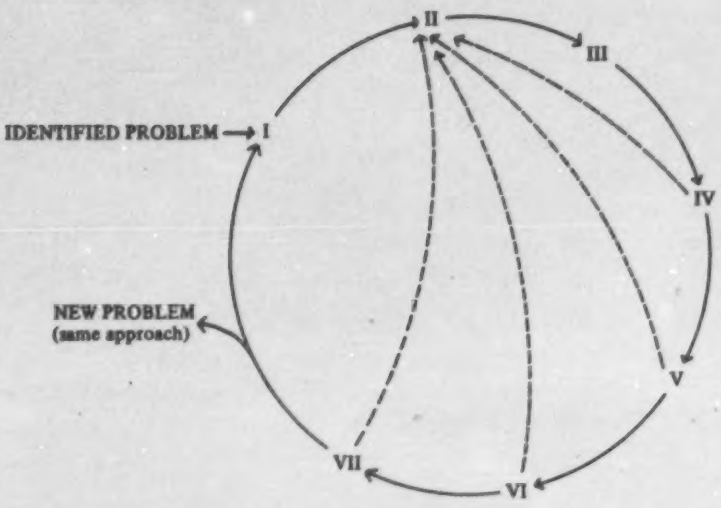
III. Structure plan of action sequentially, in order of priorities, based on I and II above

IV. Act—implement the plan as structured

V. List results of actions

VI. Evaluate effectiveness (success or non-success) of actions

VII. Revise plan and use again



In this process, one may need to go back to Step II at any given (I) in order to handle evolving or newly recognized problems.

NAVAJO COMMUNITY COLLEGE
AA NURSING PROGRAM

A STEPS IN PROBLEM-SOLVING	B STEPS IN PATIENT CARE PLANNING	C STEPS IN PATIENT/CLIENT TEACHING
1. State the problem or idea you wish to study.	1. Be alert to and recognize possible problem with your patient-what is happening?	1. State the specific knowledge or skill to be learned.
2. Find out as much as possible about the problem or situation as it now exists.	2. Identify patient's needs. What does he think his needs or problems are? What do you think they are?	2. Determine how much the learner already knows. Is he "ready" to learn? How does he best learn?
3. Learn as much as possible about the problem or idea from experts, from reading, from observing similar situations.	3. Learn as much as possible from the patient, his family, other health care personnel, his chart, from reading.	3. Learn as much as possible about the knowledge and skills you will teach and how best to teach them.
4. Make some suggestions about how to solve the problem or how to learn more about your idea.	4. With other health care personnel discuss and make a plan of action to meet the patient's identified needs.	4. Based on 1-3 above prepare a specific teaching plan.
5. Try out your suggestions.	5. Carry out your plan of action asking for help if necessary.	5. Teach your client. Elicit feedback and change your methods as necessary. Request assistance when needed; e.g., from physician, nurse, dietitian, others.
6. Keep notes or records of what actually happened.	6. Make notes of what happens.	6. Make notes of what actually happens in the situation.
7. Make a comparative list of what actually happened and what you expected to happen or what should have happened.	7. Compare what you wanted or expected to happen with what actually happened.	7. Compare learning results with expected results as stated in Number 1 above.
8. List reasons for the success of your actions.	8. Describe what was successful in your actions and plans.	8. Note what was successful in your teaching content and approach and what the client actually learned.

A	B	C
9. If unsuccessful, try to describe why you were unsuccessful.	9. Describe what was unsuccessful in your actions and plans.	9. Note what was not successful, what was not learned.
10. Decide what more you need to know about the problem or idea (at this point you may need to go back to Step 2 and work through the process again).	10. Why were some of your plans and actions successful? Why were some not successful? What more do you need to know about the patient, his needs, your own actions?	10. Identify need for repetition or follow-through and any new learning needs expressed or observed.
11. Describe what you will or would do differently in the same or similar situation.	11. Describe the changes you will make in your plans and actions to meet these same needs in your patient or some other patient.	11. Revise your teaching plan.
12. Try out the new ideas using the new information or understanding you have gained from all sources.	12. Try out your new plan.	12. Teach again as necessary to the same client or to a new client with a similar learning need.

APPENDIX H

NAVAJO COMMUNITY COLLEGE
AA Nursing Program

Nursing 101
Module V - Social Implications in MCH

Introduction

Venereal disease, family planning, legalized abortion, and the unwed and/or teenage mother are all areas of concern as we consider social issues because of their effect on maternal and child health. Teaching opportunities, both formal and informal and in a variety of settings, will be many since the content of this module is applicable to areas other than obstetrics.

Therefore, in this module you will have the opportunity to learn about:

I. the etiology, transmission, signs and symptoms, diagnosis and treatment of syphilis and gonorrhea

II. rationale and methods of family planning

III. legalized abortion and goals of care

IV. special problems facing the teenage and/or unwed mother

OBJECTIVES	LEARNER ACTIVITIES
I. In considering two venereal diseases (syphilis and gonorrhea) you should be able to: A. identify the causative organisms B. state the incubation periods C. describe the modes of transmission D. describe clinical characteristics (signs and symptoms) for syphilis include: 1. primary 2. secondary 3. latent 4. late 5. congenital E. describe diagnostic procedures F. describe treatment procedures G. implement preventive teaching when and where appropriate	**Read:** Bender, Stephen J. *Veneral Disease.* Dubuque, Iowa: William C. Brown Co., 1971. French, Ruth, *Nurses Guide to Diagnostic Examinations.* New York: McGraw-Hill Book Co., 1970. **View:** "V.D. - An Epidemic," 16-mm. black and white **Questions to Consider:** What approach would you take in talking about VD to a fellow student at NCC? How would you approach the subject of obtaining treatment for an infected student's contacts? How and when is syphilis transmitted from mother to baby? How can this transmission be prevented? What are the dangers of an untreated gonorrheal infection in pregnancy to the mother? To the baby?

n. b o blank

OBJECTIVES	LEARNER ACTIVITIES
II. In considering family planning you should be able to: A. describe the rationale for the need to plan family size B. describe the concerns of the major religions C. describe the Navajo tribe's position on family planning D. describe methods of family planning 1. oral 2. intra-uterine devices 3. diaphragm 4. condom 5. rhythm 6. basal body temperature 7. jellies, creams, suppositories, foams 8. withdrawal 9. tubal ligation; vasectomy E. implement teaching and/or reinforce past teaching at least once this semester	**Read:** Doran, Christopher. "Attitudes of 30 American Indian Women Toward Birth Control," *Health Services Reports.* 87:867-876, November, 1972. Fitzpatrick, Elsie et. al. Chapter 15, pp. 335-338. Foreman, Joan R. "Vasectomy Clinic," *American Journal of Nursing.* 73:819-821, May, 1973. Guttmacher, Alan F. "Family Planning; The Needs and the Methods," *American Journal of Nursing.* 69:1229-1234, June, 1969. Manisoff, Miriam T. "Intra-uterine Devices," *American Journal of Nursing.* 73: 1188-1192, July, 1973. ___. Family Planning: A Teaching Guide for Nurses. New York: Planned Parenthood - World Population, 1969, pp. 1-2; 8-9; 10-12; 13-18; 61-79. Meir, G. "Role of the Hospital Nurse in Family Planning," *American Journal of Nursing.* 65: 86-91, July, 1965. **View:** #101 "Happy Family Planning" (to be shown in class) Be prepared to discuss and ask questions when Miss _____, Family Planning, Fort Defiance, explains her method of teaching. **Questions to Consider:** Which of the methods listed in Objective D. are available on the Reservation? What are some of the factors that people who have decided to practice family planning might consider in deciding which method of contraception they want to use? Can you list the contraceptive methods in the order of their effectiveness?

OBJECTIVES	LEARNER ACTIVITIES
III. In considering changes in laws which have brought about increasing numbers of induced abortions in hospitals and clinics, you should be able to: A. define and describe the various types of procedures available B. describe the various attitudes that nurses and physicians have concerning abortions C. describe objectives of care before the abortion is performed D. describe the objectives of care after the abortion is performed E. implement nursing care for an appropriate patient providing: 1. appropriate emotional support before and after the abortion 2. teaching needs before and after the abortion 3. preventive observations and measures against complications 4. discussions re: contraception, tactfully 5. anticipatory guidance re: resumption of menses, complications, return to clinic	**Read** Branson, Helen. "Nurses Talk About Abortion," *American Journal of Nursing.* 72:106-109, January, 1972. Clancy, Barbara. "The Nurse and the Abortion Patient," *Nursing Clinics of North America.* 8:469-478. Cronenwett, Linda K. and Choyce, Janice M. "Saline Abortion," *American Journal of Nursing.* 71: 1754-1757, September, 1971. Zahourek, Rothlyn. "Therapeutic Abortion and Cultural Shock," *Nursing Forum.* 10:8-17, #1, 1971.

OBJECTIVES	LEARNER ACTIVITIES
IV. In considering the increasing numbers of unwed and/or teenage pregnancies on and off the Reservation you should be able to: A. identify special services available counseling finances boarding homes physical care prenatal postpartum B. identify the extent to which newborns are placed for adoption C. describe family and other pressures which influence the decision to keep or not keep the newborn	**Read:** Curtis, Frances L. S. "Observations of Unwed Pregnant Adolescents," *American Journal of Nursing.* 74:100-102, January, 1974. Doran, Christopher. "Attitudes of 30 American Indian Women Toward Birth Control," *Health Services Reports.* 87:867-876, November, 1972 (in my office). Semmons, J. P. "Fourteen Thousand Teen-Age Pregnancies," *American Journal of Nursing.* 66:308-311, February, 1966. **Review:** Appropriate sections of Module Ia which pertain to very young pregnant women. Be prepared to discuss and ask questions of Mr. _____, Social Worker at Fort Defiance Indian Hospital.

APPENDIX H

NAVAJO COMMUNITY COLLEGE
AA Nursing Program

Nursing 200
Module 8 - Nursing Care of Patients with Orthopedic Problems

In previous modules of N102 you have studied the growth and development of the musculoskeletal system and have planned and implemented care of patients with congenital defects of the skeletal system and traumatic injuries of children. In this module you will be concerned about orthopedic injuries in the adult, particularly of the elderly patient.

You have studied the consequence of gangrene in the diabetic. In this module you will learn to plan and implement care for the amputee. You have used the principles of body mechanics. In this module you will learn to plan and implement care for the patient with a ruptured intravertebral disc.

OBJECTIVES	LEARNER ACTIVITIES
I. Orthopedic Injuries A. Define fracture B. Describe the signs and symptoms of fractures C. Describe the following types of fractures 1. closed (single) 2. open (compound) 3. incomplete (greenstick) 4. complete 5. comminuted 6. multiple 7. articular 8 pathologic 9. transverse 10. oblique 11. spiral D. Discuss the causes of fractures E. Discuss the emergency treatment of fractures F. Explain reduction (open and closed) G. Describe how immobilization may be maintained H. Assist the patient and physician in the application of casts I. Plan, implement, and evaluate care for the patient in newly applied cast J. Detect and describe the signs and symptoms that may indicate circulatory and neurologic problems of the patient in a cast	Read: Shafer. pp. 867-876 Larson, B. and Gould, M. *Orthopedic Nursing.* C. St. Louis, V. Mosby Company, 1970. p. 37. View: Film #30 – "Nursing Care of the Orthopedic Patient #1" Film #31 – "Nursing Care of the Orthopedic Patient #2" Film #36 – "Crutch Walking"

OBJECTIVES	LEARNER ACTIVITIES
K. Describe the following types of casts: 1. walking cast 2. body cast 3. hip spica L. Turn the patient in a hip spica and body cast correctly M. Describe the process of bone healing N. Discuss the major complications of fractures O. Assist the patient and physician in the removal of a cast P. Discuss the purpose of traction Q. Describe skin traction and give examples R. Describe skeletal traction and give examples S. Describe and discuss the purposes of a Thomas splint and Pearson attachment T. Plan, implement, and evaluate care for the patient in traction U. Instruct a patient in crutch walking V. Describe and demonstrate the following crutch gaits: 1. Four point swing through 2. Three point swing through	Select an appropriate patient.
II. Amputation A. Discuss grief and the sense of loss a patient may go through B. Discuss "phantom sensation" and how the nurse can assist the patient in adjusting C. Give good stump care and apply compression bandages D. Prevent flexion contractures E. Assist the patient in using his prosthesis effectively	**Read:** Larson, et. al. p. 434-455

OBJECTIVES	LEARNER ACTIVITIES
III. Arthritis A. Describe the pathologic process in joint that leads to arthritic deformity B. Compare rheumatoid and degenerative arthritis regarding: 1. other names 2. age of onset 3. appearance of joints 4. joints involved 5. pain or debilitating problems C. Identify three other causes of arthritis D. Describe the medical treatment of arthritis regarding: 1. heat 2. ROME 3. rest 4. diet 5. medications E. Plan, implement, and evaluate care for the patient with arthritis regarding: 1. maintaining mobility of involved joints 2. protecting muscle power 3. protecting joints against progression of arthritis 4. relieving pain 5. increasing overall resistance F. Describe the following surgical procedures for arthritis: 1. arthroplasty 2. arthrotomy 3. arthrodesis G. Plan, implement, and evaluate care for the post-op arthritic patient	**Read:** Shafer, p. 839-849 Larson, p. 377-292 **Review:** Module #3 Corticosteriods **Make Med Cards for:** Salicylates Butazolidin Indocin Benemid

OBJECTIVES	LEARNER ACTIVIES
IV. Ruptured Intervertebral Disc A. Identify the spinal areas in which herniation may occur B. Discuss the causes of disc problems C. Describe the signs and symptoms of a ruptured disc D. Discuss the diagnostic value of a myelogram E. Assist the patient and physician with a myelogram F. Discuss the conservative management of a patient with a slipped disc G. Plan, implement, and evaluate care for a patient with a slipped disc: 1. position him properly 2. maintain traction 3. prevent foot drop 4. prevent pain H. Administer muscle relaxants safely I. Describe a laminectomy J. Teach a patient log rolling and muscle setting exercises K. Plan, implement, and evaluate care for the post-op laminectomy patient: 1. maintain alignment 2. check dressing sites 3. monitor V/S, MOE, and sensation 4. monitor I + O 5. turn and position 6. relieve pain	**Read:** Shafer, p. 828-833 **View:** Film #009 "Patient with a Herniated Intervertebral Disc" Film #010 "Surgical Treatment of Herniated Intervertebral Disc" Film #059 "Log Rolling" Select an appropriate patient **Make Med Cards for:** Robaxin
V. Metabolic Bone Disorders A. Discuss the cause of osteomalacia B. Discuss the treatment of osteomalacia C. Discuss the cause of osteoporosis D. Discuss the treatment of osteoporosis	Review Bone Metabolism **Read:** Shafer, p. 698

APPENDIX I

NAVAJO COMMUNITY COLLEGE
Nursing

CLINICAL OBJECTIVES AND EVALUATION METHOD

Explanation

You will be evaluated during this course on the following clinical objectives by your instructor. You are expected to demonstrate each behavior listed for each objective when it is appropriate to your clinical activities. Your demonstration of the listed behaviors will be rated at:

1. never
2. rarely
3. occasionally
4. usually
5. always (or almost always)

By the time this course is completed you should be receiving ratings of 4 and 5 on all objectives.

I. DEVELOPS PROFESSIONAL RESPONSIBILITY

A. Prepares for clinical assignments in advance.
1 ——— 2 ——— 3 ——— 4 ——— 5

B. Notifies instructor and/or unit in advance of illness or late arrival.
1 ——— 2 ——— 3 ——— 4 ——— 5

C. Exchanges pertinent information with peers and instructor.
1 ——— 2 ——— 3 ——— 4 ——— 5

D. Questions information and therapy that is not consistent with theory or clinical practice.
1 ——— 2 ——— 3 ——— 4 ——— 5

E. Contributes information about patients to the health team.
1 ——— 2 ——— 3 ——— 4 ——— 5

F. Works tactfully and cooperatively with staff and peers.
1 ——— 2 ——— 3 ——— 4 ——— 5

G. Recognizes own limitations in performing nursing care.
1 ——— 2 ——— 3 ——— 4 ——— 5

H. Critically evaluates own progress against course objectives.
1 ——— 2 ——— 3 ——— 4 ——— 5

I. Uses constructive criticism to improve clinical work.
1 ——— 2 ——— 3 ——— 4 ——— 5

J. Takes initiative in seeking opportunities to reinforce own learning.
1 ——— 2 ——— 3 ——— 4 ——— 5

K. Makes maximum use of unoccupied time on unit.
1 ——— 2 ——— 3 ——— 4 ——— 5

II. COMMUNICATES APPROPRIATELY AND PURPOSEFULLY WITH CLIENT/PATIENT AND SIGNIFICANT OTHERS

A. Establishes a therapeutic relationship with patients.
1 ——— 2 ——— 3 ——— 4 ——— 5

B. Responds to enhance verbalization of patients.
1 ——— 2 ——— 3 ——— 4 ——— 5

C. Comments to clarify meanings of statements and/or questions.
1 ——— 2 ——— 3 ——— 4 ——— 5

D. Recognizes forms of nonverbal communication.
1 ——— 2 ——— 3 ——— 4 ——— 5

E. Shares the following information with the client/patient and family:

1. Current health status
1 ——— 2 ——— 3 ——— 4 ——— 5

2. Changes in health status
1 ——— 2 ——— 3 ——— 4 ——— 5

3. Nursing care plan
1 ——— 2 ——— 3 ——— 4 ——— 5

4. Roles of health care personnel
   1 ——— 2 ——— 3 ——— 4 ——— 5

5. Health care resources
   1 ——— 2 ——— 3 ——— 4 ——— 5

F. Reports important information about the client/patient to the appropriate person.
   1 ——— 2 ——— 3 ——— 4 ——— 5

G. Records pertinent information about the client/patient in the patient record and Kardex.
   1 ——— 2 ——— 3 ——— 4 ——— 5

III. COLLECTS DATA SYSTEMATICALLY CONCERNING THE CLIENT/PATIENT

A. Health data collected includes:

1. The patient's perceptions and expectations which are related to health care services
   1 ——— 2 ——— 3 ——— 4 ——— 5

2. Current medical diagnosis and therapy
   1 ——— 2 ——— 3 ——— 4 ——— 5

3. Environmental, occupational, recreational, and spiritual information
   1 ——— 2 ——— 3 ——— 4 ——— 5

4. Information about previous use of health services
   1 ——— 2 ——— 3 ——— 4 ——— 5

5. The patient's mental and emotional responses
   1 ——— 2 ——— 3 ——— 4 ——— 5

6. Assessment of function and status of the following areas:
   a. respiratory
      1 ——— 2 ——— 3 ——— 4 ——— 5

   b. cardio-vascular
      1 ——— 2 ——— 3 ——— 4 ——— 5

c. fluid and electrolyte balance
1 ——— 2 ——— 3 ——— 4 ——— 5

d. gastrointestinal
1 ——— 2 ——— 3 ——— 4 ——— 5

e. kidney and bladder
1 ——— 2 ——— 3 ——— 4 ——— 5

f. neuromuscular
1 ——— 2 ——— 3 ——— 4 ——— 5

g. sensory
1 ——— 2 ——— 3 ——— 4 ——— 5

h. integumentary
1 ——— 2 ——— 3 ——— 4 ——— 5

i. sexuality and reproductive
1 ——— 2 ——— 3 ——— 4 ——— 5

j. metabolic regulation
1 ——— 2 ——— 3 ——— 4 ——— 5

k. sleep, rest, comfort
1 ——— 2 ——— 3 ——— 4 ——— 5

l. immunological and hemopoietic
1 ——— 2 ——— 3 ——— 4 ——— 5

B. Health data are collected from:
1. client/patient
1 ——— 2 ——— 3 ——— 4 ——— 5

2. family and significant others
1 ——— 2 ——— 3 ——— 4 ——— 5

3. health care providers
   1 ——— 2 ——— 3 ——— 4 ——— 5

4. relevant scientific literature and studies
   1 ——— 2 ——— 3 ——— 4 ——— 5

C. Data are obtained by:
   1. interview
      1 ——— 2 ——— 3 ——— 4 ——— 5

   2. examination
      1 ——— 2 ——— 3 ——— 4 ——— 5

   3. observation
      1 ——— 2 ——— 3 ——— 4 ——— 5

   4. reading reports, records, etc.
      1 ——— 2 ——— 3 ——— 4 ——— 5

D. Compares the client/patient health status to the normal to determine if there is a deviation.
   1 ——— 2 ——— 3 ——— 4 ——— 5

IV. PLANS NURSING CARE

A. Identifies the client/patient's capabilities and limitations.
   1 ——— 2 ——— 3 ——— 4 ——— 5

B. Recognizes significance of observations.
   1 ——— 2 ——— 3 ——— 4 ——— 5

C. Formulates and writes nursing diagnoses.
   1 ——— 2 ——— 3 ——— 4 ——— 5

D. Establishes priorities for care.
   1 ——— 2 ——— 3 ——— 4 ——— 5

E. Sets goals for nursing intervention in writing:

1. goals are stated in terms of observable outcomes

1 ——— 2 ——— 3 ——— 4 ——— 5

2. goals are consistent with the patient's present and potential physicial capabilities and behavioral patterns

1 ——— 2 ——— 3 ——— 4 ——— 5

F. The plan for nursing care prescribes the nursing actions to achieve the goals:

1. the plan includes priorities for nursing actions

1 ——— 2 ——— 3 ——— 4 ——— 5

2. the plan includes a logical sequence of actions

1 ——— 2 ——— 3 ——— 4 ——— 5

3. the plan is based on current scientific knowledge

1 ——— 2 ——— 3 ——— 4 ——— 5

4. the plan incorporates available and appropriate resources

1 ——— 2 ——— 3 ——— 4 ——— 5

5. the plan specifies:
   - what is to be done
   - how to do it
   - when to do it
   - where to do it
   - who is to do it

1 ——— 2 ——— 3 ——— 4 ——— 5

G. The plan is communicated to the patient, family, significant others, and health personnel.

1 ——— 2 ——— 3 ——— 4 ——— 5

V. IMPLEMENTS NURSING CARE

A. Nursing actions are consistent with the nursing plan.

1 ——— 2 ——— 3 ——— 4 ——— 5

B. Nursing actions are based on scientific principles.

1 ——— 2 ——— 3 ——— 4 ——— 5

C. Nursing actions are individualized to the specific situation.
1 ——— 2 ——— 3 ——— 4 ——— 5

D. Nursing actions support and promote normal physiologic functioning of the patient.
1 ——— 2 ——— 3 ——— 4 ——— 5

F. Nursing actions protect the patient from injury, infection, and stress.
1 ——— 2 ——— 3 ——— 4 ——— 5

G. Nursing actions employ teaching/learning opportunities for the client/patient.
1 ——— 2 ——— 3 ——— 4 ——— 5

H. Nursing actions demonstrate increased efficiency of work organization and body mechanics.
1 ——— 2 ——— 3 ——— 4 ——— 5

I. Nursing actions demonstrate flexibility in caring for the patient when interruptions, emergencies, and physician's orders take precedence.
1 ——— 2 ——— 3 ——— 4 ——— 5

VI. EVALUATE EFFECTIVENESS OF NURSING INTERVENTION

A. Uses current data to measure progress toward goal achievement.
1 ——— 2 ——— 3 ——— 4 ——— 5

B. Records the effective response of client/patient to interventions.
1 ——— 2 ——— 3 ——— 4 ——— 5

C. Examines own behaviors directly and indirectly influencing nursing interventions.
1 ——— 2 ——— 3 ——— 4 ——— 5

D. Distinguishes between therapeutic and non-therapeutic interventions.
1 ——— 2 ——— 3 ——— 4 ——— 5

VII. MODIFIES PLANS ON THE BASIS OF THE EVALUATION

A. Reassesses patient's needs.
1 ——— 2 ——— 3 ——— 4 ——— 5

B. Sets new priorities and goals as determined by evaluation.
1 ——— 2 ——— 3 ——— 4 ——— 5

C. Initiates new nursing actions accurately and appropriately.
1 ——— 2 ——— 3 ——— 4 ——— 5

APPENDIX J

EVALUATION OF INSTRUCTORS

MARK YOUR ANSWERS ON THE SEPARATE ANSWER SHEET

1. I always knew what my instructor expected from me.

   a. strongly agree
   b. agree
   c. disagree
   d. strongly disagree
   e. no opinion

2. My instructor frequently related things we were studying to Indian life.

   a. strongly agree
   b. agree
   c. disagree
   d. strongly disagree
   e. no opinion

3. I always managed to "keep up" with what the rest of the class was doing (I was never really "behind" in my studies).

   a. strongly agree
   b. agree
   c. disagree
   d. strongly disagree
   e. no opinion

4. My instructor almost always gave me the individual help I thought I needed.

   a. strongly agree
   b. agree
   c. disagree
   d. strongly disagree
   e. no opinion

5. My instructor was usually in class on time.

   a. true
   b. false

6. I missed the following number of class periods (just for this class):

   a. 0-3 times
   b. 4-5 times
   c. 6-7 times
   d. 8-9 times
   e. 10-11 times
   f. 12 or more times

7. After we handed in our homework papers, our instructor usually returned them to us within one (1) or two (2) days.

   a. strongly agree
   b. agree
   c. disagree
   d. strongly disagree
   e. no opinion or doesn't apply

8. I think my instructor knows a lot about the subject he (or she) taught.

   a. strongly agree
   b. agree
   c. disagree
   d. strongly disagree
   e. no opinion

9. I learned a lot about this subject from my instructor this semester.

   a. strongly agree
   b. agree
   c. disagree
   d. strongly disagree
   e. no opinion

10. My instructor was usually in his (or her) office or in the classroom during the day so that I could get help when I needed it.

    a. true b. false c. don't know

11. This was one of my first choice classes.

    a. true b. false c. don't recall

12. This was a good hour of the day to have this class.

    a. true b. false

    c. It would have been better to have it at _____ am/pm.

APPENDIX K

CATALOGUE DESCRIPTIONS

General description NURSING PROGRAM
A course of nursing studies, accredited by the Arizona State Board of Nursing, is offered to qualified students. On successful completion of the program, the student receives the AA degree and on recommendation of the program coordinator will be eligible to write the state board licensing examinations to become a Registered Nurse.

Requirements to enter the program include:

- Introduction to chemistry (high school or college chemistry)
- English language skills at 11th grade level based on placement testing during registration
- High school diploma or GED

In order to continue in nursing, students must take and receive passing grades in the following courses:

- Nursing 100, Introduction to Nursing (4 credits)
- Biology 121, Anatomy and Physiology (4 credits)
- Math 012, Applied Mathematics for Nurses (3 credits)
- Freshman College English (3-6 credits)
- Education 110, Use of Books and Libraries (1 credit)

In addition to the above requirements, students must take the following courses to fulfill degree requirements:

- Nursing 101 (6 credits) – Maternal and Child Health Nursing
- Nursing 103 (6 credits) – Pediatric Nursing
- Nursing 120 (6 credits) – Medical-Surgical Nursing I
- Nursing 200 (6 credits) – Medical-Surgical Nursing II
- Nursing 201 (6 credits) – Psychiatric Nursing
- Nursing 203 (6 credits) – Nursing Leadership/Community Health
- Anatomy and Physiology 122 (6 credits)
- Psychology (3 credits)
- Anthropology or Sociology (3 credits)
- Physical Education (2 credits)

Transfer credit from other college nursing programs may be given on the basis of nursing faculty evaluation and at their discretion.

Learning activites in nursing include classroom work, independent studies, tutorial sessions with the instructor, clinical work, preparing written assignments, participation in class discussions, oral and written tests and examinations.

Required equipment: (these are not available at the college)

- white uniform–may be dress or pants suit
- white nurse's shoes
- wrist watch with second hand

NURSING COURSE DESCRIPTIONS FOR CATALOGUE

NRS 100 Introduction to Nursing (4)
An exploration of nursing as a possible career choice. Students will engage in group and individual activities designed to stimulate their developing skills of investigation, problem solving techniques (nursing process), and basic nursing functions. Activities in classroom, hospitals, clinics, and community settings under direction of nursing faculty. Prerequisites: high school diploma or GED, high school or college introduction to chemistry; English language skills at the 11th grade level based on the RFU. Concurrent requirements: BIO 12 , Freshman College English, Math 012, and Ed 110 must be passed in order to progress to NRS 101.

NRS 101 Maternal/Child Nursing (6)
Principles and concepts underlying basic nursing skills specifically as applied to maternity clients and their families (including the newborn). Classroom and clinical work directly under supervision of nurse faculty. Learning activities will occur on campus and in variously approved off-campus health and community facilities as well as homes. Individual weekly student/instructor tutorial sessions on specific interests and learning needs of students, emphasizing increasing skills in nursing process. Prerequisites: NRS 100 or equivalent plus above first-semester requirements.

NRS 103 Pediatric Nursing (6)
Theoretical and clinical learning experiences which will enable the student to begin to meet the physical and psychosocial needs of the pediatric-aged client/patient. Special emphasis will be made toward teaching/counseling clients' family members. Knowledge of expected growth and development of the well child will provide the basis for assessment, planning, implementing, and evaluating care of selected children. Prerequisites: NRS 100 and nursing faculty permission.

NRS 120 Medical/Surgical Nursing I (6)
First level considerations of adult client/patients who are experiencing pathologic physical and emotional stresses. Based on previous learning, students will further develop skills in problem-solving in both classroom and clinical laboratory settings while focusing on specific client/patient problems treated medically or surgically. Client/patient teaching will continue to be emphasized. Prerequisites: NRS 100, 101, 103.

NRS 200 Medical/Surgical Nursing II (6)
A continuation of NRS 120, this course provides students with learning experiences to develop broader, more in-depth problem-solving skills in caring for client/patients with more complex medical/surgical problems. Prerequisites: NRS 100, 101, 103, 120.

NRS 201 Nursing in Mental Health and Mental Illness (6)
The focus of this course is on behavior of persons experiencing emotional, physical, and social stresses and both the successful and the unsuccessful means they use to cope with these stresses. A major consideration is the role of the nurse who skillfully uses inter-personal interactions to help clients promote, maintain, or regain mental health. All theoretical and clinical activities are under supervision of the psychiatric nurse instructor, in frequent consultation with medicine men or women (Navajo). Clinical practicum occurs in appropriate mental health facilities. Prerequisites: NRS 100.

NRS 203 Leadership in Nursing/Community Health Orientation (6)

This final course in nursing introduces the concept of nursing leadership and the necessary components required for effective leadership attitudes, skills, and activities. Specific clinical activities are required on all levels of the actual nursing team. Analysis of an institution's organizational structure and observation of nursing supervisory personnel will be included. Actual student practice as a team member and as team leader will be evaluated in terms of legal and professional responsibilities. For students who have not had the opportunity to become oriented to the specific community and family health facilities and programs on the reservation, the second part of this course will introduce them to the philosophy, goals, and implementation of family and community health programs. Field observation will occur in appropriate settings, including the home. Prerequisites: All nursing and related courses listed.

APPENDIX L

PROPOSAL TO REVISE THE NURSING PROGRAM PLAN

I. **Intent**

The Navajo Community College Nursing Program proposes to offer regular Navajo Community College Nursing courses to selected Licensed Practical Nurses (LPN's) at the Fort Defiance Public Health Service Hospital at the request of the Director of Nursing Service, Sr. Louis Marie Benecke, and said LPN's. As a result LPN's would qualify for the A. A. Degree and will be prepared to write the RN Licensing Exams.

II. **Purpose**

The main purpose of instituting this program at Fort Defiance is to meet the stated needs for upgrading to professional status certain Navajo health workers and consequently increasing their potential contribution to meeting the health care needs of the Navajo people.

III. **Feasibility**

A. The potential students are all LPN's currently employed at the Fort Defiance Hospital. They have already demonstrated interest and motivation to improve their education by attending general education extension courses offered by Ganado College.

B. All these women have families and cannot leave home for concentrated study at this campus or elsewhere.

C. These students will receive "release time" for theory classes, for practicum, and for two hours preparation for each class hour.

D. Presentation of course content, directed study, and clinical supervision will be provided by two Masters-prepared RN's on the hospital education staff. These RN instructors will also receive "release time" for teaching responsibilities and therefore will not require salary from the college.

E. Navajo Community College and Fort Defiance Hospital already have a formal contractual agreement under which Navajo Community College nursing students use that facility as a "clinical lab." It may not be necessary to establish further contacts, rather designate that facility as an extended campus.

F. Finally, enrollment will increase in the college and in the nursing program without increased cost to the college, while at the same time meeting a community need.

IV. **Procedure**

A. Approval for this program will be requested of the Arizona State Board of Nursing, appropriate College committees, and the College Board of Regents.

B. The LPN's will apply for regular admission to the College in the A. A. Nursing Program.

C. Transcripts of all previous college work will be submitted and evaluated for transfer of credits to Navajo Community College to a maximum of 30 credits.

D. Credit in Nursing will be given on successful challenge of theory exams (80%) and clinical objectives for all modules of each course.

E. Curricula vitae will be requested from the RN's of Fort Defiance who will be teaching the classes.

F. We shall request that these nurse-teachers be designated in some formal manner as College instructors; e.g., joint-appointee instructors in nursing.

G. The nursing coordinator at Navajo Community College will meet with the teachers to establish schedules and to structure the course content prior to implementation.

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H. Curricular materials from the Navajo Community College Program will be provided to the teachers and students. These materials include: philosophy and objectives of the college and of the nursing program; learning modules; teacher-made handouts (resource material); tests and other evaluation items.

I. The students will be required to meet all requirements of the nursing program and the college for the A. A. Degree. (See requested exception under VIII.)

J. The RN instructors will make written reports and prepare student anecdotals and course evaluations as required by the college.

K. The nursing coordinator at Navajo Community College will act as liason between the on-campus and the off-campus personnel and programs.

L. The off-campus instructors will meet the on-campus instructors to evaluate program content and to revise the content as needed.

V. Personnel

All personnel to be involved are described above and will be responsible to the Navajo Community College Nursing Coordinator.

VI. Facilities

The course work, both theory and practicum, will be provided in the Fort Defiance P. H. S. Hospital, its facilities, and facilities already affiliated with the Navajo Community College Program. The nursing teaching facilities at Navajo Community College will serve as a resource facility as necessary. Equipment already purchased by the Navajo Community College Program may be loaned to or shared with the off-campus program as authorized by the Navajo Community College Nursing Coordinator.

VII. Time and Placement

Because a majority of the nursing students at Navajo Community College has entered with inadequate backgrounds in English language skills, in math and in the sciences, this program has been approved by the Board of Nursing to allow our students to work at their own best pace and not necessarily to complete any specific course in a specified time frame.

On the basis of that policy this proposed program will be implemented as soon as all necessary approval has been obtained and final planning sessions are completed. It is anticipated that individual courses will be started at a time convenient to the participants and will end when all objectives of each course have been satisfactorily met by each student. This need not be on a schedule exactly parallel to the college semester and summer session schedules. The length of time required to complete each course will depend on the amount of time students can be released from work activities. Required nursing courses are listed below along with semester hours credit and **minimum** required student/teacher contact hours (for students who do not receive advance standing by challenge examination).

Course Title	Semester Hours Credit	Contact Hours
Nursing 100 – Introduction to Nursing	3	32 Theory Classes 64 Clinical *32 Directed Studies
Nursing 101 – Maternal Child Health	6	64 Theory Classes 128 Clinical 64 Directed Studies
Nursing SS I – Pediatric Nursing	6	64 Theory Classes 128 Clinical 64 Directed Studies
Nursing 120 – Medical-Surgical Nursing I	6	64 Theory Classes 128 Clinical 64 Directed Studies
Nursing 200 – Medical-Surgical Nursing II	6	64 Theory Classes 128 Clinical 64 Directed Studies
Nursing SS II – Team Nursing and Community Health Orientation	6	64 Theory Classes 128 Clinical 64 Directed Studies
Nursing 201 – Mental Health-Psychiatric Nursing	6	64 Theory Classes 128 Clinical 64 Directed Studies

Due to limited clinical experience in the regular course work, an additional non-credit, but renumerated, clinical externship is provided for a minimum of 240 hours (six weeks) at the end of the program.

VII. Addenda

A. In consulting with Evan Oswald, the attached program of Physical Education activities has been designated to accompany this extended program in order to meet the college requirements in physical education for the A. A. Degree.

B. See attached Resolution to Navajo Community College Board of Regents "Approving the Revised Nursing Program Plan and Allowing Credit for Navajo Studies as Integrated into the Present Nursing Instruction."

*Directed Study: One hour for each class hour scheduled for both students and instructors so that students are assured of needed assistance from the instructor while preparing for class.

APPENDIX M

PROCEEDINGS OF THE FIRST
INDIAN NURSING EDUCATION CONFERENCE

Chinle, Arizona
June 21-22, 1974

SPONSORED BY:

Nursing Program
Navajo Community College
Tsaile, Arizona

and

Nursing Education Committee
Area Health Education Center
Navajo Health Authority
Window Rock, Arizona

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ABOUT THE AUTHOR

M. Grace Daniel, R.N., B.A., M.S., a native of Rocky Mount, North Carolina, has been with Project HOPE since joining the nursing staff for Voyage IV of the S.S. HOPE to the Republic of Guinea in 1964. She received a nursing diploma from the North Carolina Baptist School of Nursing, a B.A. in English at Wake Forest University, and an M.S. in Nursing Education at the University of Maryland. She has engaged in several postgraduate programs of study in curriculum development and education, including programs at American University, University of Colorado, University of Arizona, and Wake Forest University.

Ms. Daniel has worked as nurse educator and curriculum specialist for Project HOPE nurse education programs in Nicaragua, Colombia, and Laredo, Texas. Her most recent assignment, 1970-74, was to establish a registered nurse education program at the Navajo Community College on the Navajo Reservation in Arizona, under the aegis of Project HOPE. During this period, she participated on a national level in several programs aimed at recruitment and education of minorities in nursing, including membership on the Board of Directors of the National Student Nurses' Association's Project BREAKTHROUGH, consultant to the Ogalala and Rosebud Sioux Learning Centers in South Dakota for nurse education program development, and consultant to the Western Interstate Commission for Higher Education (WICHE) for faculty preparation for minority education.

As a member of the American Nurses' Association, Ms. Daniel was a member of the Board of Directors of Arizona District Number 20 and was an agency representative to the National League of Nursing. She presented a paper on the Navajo program at the National League meeting of Associate Arts Nursing Programs in Anaheim, California, in March, 1973, which was later published in the N.L.N.'s *Current Issues – 1973.* Ms. Daniel was selected by other Deans and Directors of Nurse Education in Arizona as "Nurse Educator of the Year in Arizona" in 1973. Currently she is Education Associate at Project HOPE, International Headquarters.

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